INVENTOR SEARCH

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=> fil capl; d que 11; d que 145
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FILE COVERS 1907 - 14 Dec 2006  VOL 145 ISS 25
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L1             1 SEA FILE=CAPLUS ABB=ON  US2003-661458/APPS



L2           141 SEA FILE=CAPLUS ABB=ON  PACE G?/AU
L3         11003 SEA FILE=CAPLUS ABB=ON  SMITH M?/AU
L5             1 SEA FILE=REGISTRY ABB=ON  MORPHINE/CN
L6             1 SEA FILE=REGISTRY ABB=ON  FENTANYL/CN
L7             1 SEA FILE=REGISTRY ABB=ON  SUFENTANIL/CN
L8             1 SEA FILE=REGISTRY ABB=ON  ALFENTANIL/CN
L9             1 SEA FILE=REGISTRY ABB=ON  OXYMORPHONE/CN
L10            1 SEA FILE=REGISTRY ABB=ON  HYDROMORPHONE/CN
L11            1 SEA FILE=REGISTRY ABB=ON  OXYCODONE/CN
L12        31087 SEA FILE=CAPLUS ABB=ON  (L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L13         1073 SEA FILE=CAPLUS ABB=ON  L11
L14        12914 SEA FILE=CAPLUS ABB=ON  OPIOIDS/CT
L15         1209 SEA FILE=CAPLUS ABB=ON  L14(L)KAPPA/OBI
L16         1944 SEA FILE=CAPLUS ABB=ON  L14(L)MU/OBI
L17        56591 SEA FILE=CAPLUS ABB=ON  AGONIST#/OBI
L18          368 SEA FILE=CAPLUS ABB=ON  L15(L)L17
L19          454 SEA FILE=CAPLUS ABB=ON  L16(L)L17
L37        39125 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTIONS+OLD,NT/CT
L38         4450 SEA FILE=CAPLUS ABB=ON  DRUG DELIVERY SYSTEMS+OLD/CT(L)COMB?/OB
               I
L39        16989 SEA FILE=CAPLUS ABB=ON  COMBINATION CHEMOTHERAPY/CT
L40         5480 SEA FILE=CAPLUS ABB=ON  COMB?/OBI(L)PHARMAC?/OBI
L42          552 SEA FILE=CAPLUS ABB=ON  (L12 OR L19)(L)(COMB?/OBI OR COADMIN?/O
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               BLEND?/OBI OR MIXTURE#/OBI)
L43           82 SEA FILE=CAPLUS ABB=ON  (L13 OR L18)(L)(COMB?/OBI OR COADMIN?/O
               BI OR CODRUG#/OBI OR CONCOMITANT?/OBI OR CONCURRENT?/OBI OR
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               BLEND?/OBI OR MIXTURE#/OBI)
L45            5 SEA FILE=CAPLUS ABB=ON  ((L42 AND L43) OR ( (L12 OR L19) AND
               (L13 OR L18) AND (L37 OR L38 OR L39 OR L40))) AND (L2 OR L3)


=> e 11,145

L210           5 (L1 OR L45)

=> fil embase; d que 181

FILE 'EMBASE' ENTERED AT 11:10:14 ON 14 DEC 2006
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 FILE COVERS 1974 TO 13 Dec 2006 (20061213/ED)

 EMBASE is now updated daily.  SDI frequency remains weekly (default)
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L46           83 SEA FILE=EMBASE ABB=ON  PACE G?/AU
L47         8120 SEA FILE=EMBASE ABB=ON  SMITH M?/AU
L48        53452 SEA FILE=EMBASE ABB=ON  MORPHINE/CT
L49        26736 SEA FILE=EMBASE ABB=ON  FENTANYL/CT OR FENTANYL CITRATE/CT
L50         4395 SEA FILE=EMBASE ABB=ON  SUFENTANIL/CT OR SUFENTANIL CITRATE/CT

L51         4482 SEA FILE=EMBASE ABB=ON  ALFENTANIL/CT
L52          805 SEA FILE=EMBASE ABB=ON  OXYMORPHONE/CT
L53         2957 SEA FILE=EMBASE ABB=ON  HYDROMORPHONE/CT
L54         3754 SEA FILE=EMBASE ABB=ON  OXYCODONE/CT
L72          493 SEA FILE=EMBASE ABB=ON  L54(L)(CB OR IT)/CT
L80        10397 SEA FILE=EMBASE ABB=ON  (L48 OR L49 OR L50 OR L51 OR L52 OR
               L53)(L)(CB OR IT)/CT
L81            5 SEA FILE=EMBASE ABB=ON  (L46 AND L47) OR (L80 AND L72 AND (L46
               OR L47))


=> fil drugu; d que 196

FILE 'DRUGU' ENTERED AT 11:10:15 ON 14 DEC 2006
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FILE LAST UPDATED: 11 DEC 2006        <20061211/UP>
>>>  DERWENT DRUG FILE (SUBSCRIBER)  <<<

>>>  FILE COVERS 1983 TO DATE  <<<
>>>  THESAURUS AVAILABLE IN /CT  <<<



L5             1 SEA FILE=REGISTRY ABB=ON  MORPHINE/CN
L6             1 SEA FILE=REGISTRY ABB=ON  FENTANYL/CN
L7             1 SEA FILE=REGISTRY ABB=ON  SUFENTANIL/CN
L8             1 SEA FILE=REGISTRY ABB=ON  ALFENTANIL/CN
L9             1 SEA FILE=REGISTRY ABB=ON  OXYMORPHONE/CN
L10            1 SEA FILE=REGISTRY ABB=ON  HYDROMORPHONE/CN
L11            1 SEA FILE=REGISTRY ABB=ON  OXYCODONE/CN
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L85            2 SEA FILE=DRUGU ABB=ON  PACE G?/AU
L86         1100 SEA FILE=DRUGU ABB=ON  SMITH M?/AU
L87         9457 SEA FILE=DRUGU ABB=ON  (L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L88          269 SEA FILE=DRUGU ABB=ON  L11
L89        19705 SEA FILE=DRUGU ABB=ON  MORPHINE/CT
L90        11240 SEA FILE=DRUGU ABB=ON  FENTANYL/CT
L91         2280 SEA FILE=DRUGU ABB=ON  SUFENTANIL/CT
L92         2680 SEA FILE=DRUGU ABB=ON  ALFENTANIL/CT
L93          252 SEA FILE=DRUGU ABB=ON  OXYMORPHONE/CT
L94          866 SEA FILE=DRUGU ABB=ON  HYDROMORPHONE/CT
L95          986 SEA FILE=DRUGU ABB=ON  OXYCODONE/CT
L96            9 SEA FILE=DRUGU ABB=ON  (L85 AND L86) OR ((L85 OR L86) AND (L87
               OR L89 OR L90 OR L91 OR L92 OR L93 OR L94) AND (L88 OR L95))


=> fil wpix; d que l110;d que l123

FILE 'WPIX' ENTERED AT 11:10:16 ON 14 DEC 2006
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FILE LAST UPDATED:                    8 DEC 2006   <20061208/UP>
MOST RECENT THOMSON SCIENTIFIC UPDATE:   200679      <200679/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> YOU ARE IN THE NEW AND ENHANCED DERWENT WORLD PATENTS INDEX <<<

>>> FOR DETAILS ON THE NEW AND ENHANCED DERWENT WORLD PATENTS INDEX
      PLEASE VISIT:
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    PLEASE SEE
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'BI ABEX' IS DEFAULT SEARCH FIELD FOR 'WPIX' FILE


L108          79 SEA FILE=WPIX ABB=ON  PACE G?/AU
L109        2413 SEA FILE=WPIX ABB=ON  SMITH M?/AU
L110           1 SEA FILE=WPIX ABB=ON  L108 AND L109



L108          79 SEA FILE=WPIX ABB=ON  PACE G?/AU
L109        2413 SEA FILE=WPIX ABB=ON  SMITH M?/AU
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L111        3147 SEA FILE=WPIX ABB=ON  MORPHINE/BI,ABEX OR FENTANYL/BI,ABEX OR
               ALFENTANIL/BI,ABEX OR SUFENTANIL/BI,ABEX OR OXYMORPHONE/BI,ABEX
               OR MRZ2593/BI,ABEX OR MRZ 2593/BI,ABEX OR HYDROMORPHONE/BI,ABE
               X
L112           4 SEA FILE=WPIX ABB=ON  OXYCODONE?/CN
L113         431 SEA FILE=WPIX ABB=ON  L112/DCR
L114           4 SEA FILE=WPIX ABB=ON  (RABA0O/SDCN OR RACDH7/SDCN OR RA0FC0/SDC
               N OR R06854/SDCN OR R16303/SDCN OR 103043-1-0-0/DCSE OR
               103043-1-1-0/DCSE OR 103043-1-2-0/DCSE OR 758270-1-0-0/DCSE)
L115         435 SEA FILE=WPIX ABB=ON  L114 OR L113
L116         513 SEA FILE=WPIX ABB=ON  OXYCODONE/BI,ABEX
L117         198 SEA FILE=WPIX ABB=ON  MU OPIOID#/BI,ABEX
L118         186 SEA FILE=WPIX ABB=ON  KAPPA/BI,ABEX(1W) OPIOID#/BI,ABEX
L119       12146 SEA FILE=WPIX ABB=ON  B14-L01/MC OR C14-L01/MC
L120         100 SEA FILE=WPIX ABB=ON  L117(2A)AGONIST#/BI,ABEX OR (L117 AND
               L119)
L121         102 SEA FILE=WPIX ABB=ON  L118(2A)AGONIST#/BI,ABEX OR (L118 AND
               L119)
L122      486502 SEA FILE=WPIX ABB=ON  (M782 OR P867)/MO,M1,M2,M3,M4,M5,M6 OR
               A61K045/IPC OR (B12-C09 OR C12-C09 OR B14-S09 OR C14-S09)/MC
L123           4 SEA FILE=WPIX ABB=ON  (L108 OR L109) AND (L111 OR L120) AND
               (L115 OR L116 OR L121) AND L122


=> e 1110,1123

L211           4 (L110 OR L123)

=> fil medl; d que l163

FILE 'MEDLINE' ENTERED AT 11:10:19 ON 14 DEC 2006

 FILE LAST UPDATED: 13 Dec 2006 (20061213/UP).  FILE COVERS 1950 TO DATE.

 In preparation for the annual MEDLINE reload, the National Library of
 Medicine (NLM) has suspended delivery of regular updates as of November
 15, 2006.  In-process and in-data-review records will resume delivery
 on November 21, 2006, and will continue to be added to MEDLINE until
 December 17, 2006.

 On December 17, 2006, all regular MEDLINE updates from November 15 to
 December 16 will be added to MEDLINE, along with 2007 Medical Subject
 Headings (MeSH(R)) and 2007 tree numbers.

 The annual reload will be available in early 2007.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L144(          94)SEA FILE=MEDLINE ABB=ON  PACE G?/AU
L145(       10732)SEA FILE=MEDLINE ABB=ON  SMITH M?/AU
L146(           0)SEA FILE=MEDLINE ABB=ON  L144 AND L145
L147(       28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L148(       10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L149(         294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L150(         704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L151(         540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L152(      124991)SEA FILE=MEDLINE ABB=ON  LUNG DISEASES, OBSTRUCTIVE+NT/CT
L153(        5936)SEA FILE=MEDLINE ABB=ON  BRONCHIECTASIS+NT/CT
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L154(     57086)SEA FILE=MEDLINE ABB=ON  TUBERCULOSIS, PULMONARY+NT/CT
L155(      3460)SEA FILE=MEDLINE ABB=ON  BRONCHOPNEUMONIA/CT
L156(      3610)SEA FILE=MEDLINE ABB=ON  LARYNGITIS+NT/CT
L157(     11628)SEA FILE=MEDLINE ABB=ON  SINUSITIS+NT/CT
L158(     13172)SEA FILE=MEDLINE ABB=ON  PULMONARY FIBROSIS/CT
L159(      1561)SEA FILE=MEDLINE ABB=ON  SARCOIDOSIS, PULMONARY/CT
L160(    113814)SEA FILE=MEDLINE ABB=ON  LUNG NEOPLASMS+NT/CT
L161(     12706)SEA FILE=MEDLINE ABB=ON  SLEEP APNEA SYNDROMES+NT/CT
L162(         0)SEA FILE=MEDLINE ABB=ON' (L144 OR L145) AND (L147 OR L148 OR
                 L149 OR L150 OR L151) AND (L152 OR L153 OR L154 OR L155 OR
                 L156 OR L157 OR L158 OR L159 OR L160 OR L161)
L163          0 SEA FILE=MEDLINE ABB=ON  L146 OR L162


=> dup rem l96,l210,l211,l81
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PROCESSING COMPLETED FOR L96
PROCESSING COMPLETED FOR L210
PROCESSING COMPLETED FOR L211
PROCESSING COMPLETED FOR L81
L212          16 DUP REM L96 L210 L211 L81 (7 DUPLICATES REMOVED)
                 ANSWERS '1-9' FROM FILE DRUGU
                 ANSWERS '10-13' FROM FILE CAPLUS
                 ANSWER '14' FROM FILE WPIX
                 ANSWERS '15-16' FROM FILE EMBASE

=> d ibib ed abs 1-16

L212  ANSWER 1 OF 16  DRUGU  COPYRIGHT 2006 THE THOMSON CORP on STN DUPLICATE 2
ACCESSION NUMBER: 2005-27268  DRUGU   P S   Full-text
TITLE:            Ventilatory responses of healthy subjects to intravenous
                  combinations of morphine and oxycodone under imposed
                  hypercapnic and hypoxaemic conditions.
AUTHOR:           Ladd L A; Kam P C; Williams D B; Wright A W E; Smith M
                  T; Mather L E
CORPORATE SOURCE: Univ.Sydney; Sigma-Pharmaceuticals; Univ.Queensland
LOCATION:         Brisbane; Melbourne, Austr.
SOURCE:           Br.J.Clin.Pharmacol. (59, No. 5, 524-35, 2005) 5 Fig. 2 Tab.
                  37 Ref.
                  CODEN: BCPHBM       ISSN: 0306-5251
AVAIL. OF DOC.:   Department of Anaesthesia and Pain Management, University of
                  Sydney at Royal North Shore Hospital, St Leonards, NSW 2065,
                  Australia. (L.E.M.). (e-mail: lmather@med.usyd.edu.au).
LANGUAGE:         English
DOCUMENT TYPE:    Journal
FIELD AVAIL.:     AB; LA; CT
FILE SEGMENT:     Literature
AN    2005-27268  DRUGU   P S   Full-text
```


AB I.v. infusions of morphine sulfate (MOR) or oxycodone HCl (OXH) or their combination decreased the hypercapnic response and VE55 (i.e., mean minute ventilation at PETCO2-55 mmHg) to a similar degree in a randomized, placebo-controlled, double-blind, crossover study of 12 male volunteers. There was no consistent treatment effect on the hypoxemic response. OXH was associated with drowsiness, tingling, warm feeling, itching, and nausea. These findings suggest that no unexpected or disproportionate effects are expected of MOR and OXH treatments that might impede their use in combination for pain management.

ABEX Methods 12 Male volunteers (aged 18-45 yr) randomly received 1-hr i.v. infusions of placebo, MOR (7.5, 10, and 15 mg, M7.5, M10, and M15, respectively), OXH (5, 7.5, 10, and 15 mg, O5-O15, respectively), or their combination in dose ratios of 1:2, 1:1, and 2:1, in a crossover manner. Results Subjective side-effects increased with increasing OXH doses. Drowsiness, tingling, and warm feeling were mostly mild and random, although some subjects tended to experience recurring side-effects (e.g., itching or nausea). A consistent treatment effect was not demonstrated for slope or intercept of the hypoxemic response. There was a consistent and similar decrease in slope of the hypercapnic response during all active drug treatments (DT), with general recovery after treatment. There was also a consistent decrease of VE55 during all treatments, with partial recovery after DT, but not between active DT. During DT, VE55 decreased to a mean of 74% of the respective values before DT (74%, 68%, 69%, 68%, and 61% for M15, M10/O5, M7.5/O7.5, M5/O10, and O15, respectively. After DT, mean values of VE55 were 75%, 73%, 78%, 76%, and 75% of the respective values before DT. Drug and metabolite AUC 0-120 hr were linearly proportional to dose and did not differ between drugs. Although there were differences in mean plasma drug concentrations between subjects, there were no differences between treatments during infusion; differences were found between treatments after infusion, with concentrations being directly correlated with the OXH dose. VE55 was the most sensitive ventilatory response variable for comparing the individuals and treatments in relation to drug plasma concentrations. (ABD/Y230)

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L212  ANSWER 2 OF 16  DRUGU  COPYRIGHT 2006 THE THOMSON CORP on STN DUPLICATE 4
ACCESSION NUMBER: 2000-12785  DRUGU   P S   Full-text
TITLE:            Co-administration of sub-antinociceptive doses of oxycodone
                  and morphine produces marked antinociceptive synergy with
                  reduced CNS side effects in rats.
AUTHOR:           Ross F B; Wallis S C; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION:         Brisbane, Austr.
SOURCE:           Pain (84, No. 2-3, 421-28, 2000) 4 Fig. 24 Ref.
                  CODEN: PAINDB       ISSN: 0304-3959
AVAIL. OF DOC.:   School of Pharmacy, The University of Queensland, St Lucia,
                  Brisbane, Queensland 4072, Australia. (M.T.S.). (e-mail:
                  Maree.smith@pharmacy.uq.edu.au).
LANGUAGE:         English
DOCUMENT TYPE:    Journal
FIELD AVAIL.:     AB; LA; CT
FILE SEGMENT:     Literature
AN    2000-12785  DRUGU   P S   Full-text
```

AB The effects of i.c.v., i.p. and s.c. oxycodone hydrochloride (Boots) and morphine hydrochloride on nociception were studied in rats. Coadministration of oxycodone and morphine increased the levels of antinociception. Behaviorally rats that received equi-potent doses of either opioid alone were markedly sedated. The results suggested that co-administration of sub-analgesic doses of oxycodone and morphine could provide excellent pain relief with a reduction in opioid related CNS side effects.

ABEX Marked antinociceptive synergy was seen in Sprague-Dawley and Dark Agouti rats following sub-antinociceptive doses of oxycodone or morphine, irrespective of whether they were given i.c.v., i.p. or s.c. Sub-antinociceptive doses of either oxycodone or morphine alone to rats produced levels of antinociception similar to pre-dosing baseline levels. In Sprague-Dawley rats i.c.v. oxycodone at 40 nmol and morphine at 15 nmol caused a rapid onset (by 10 min) of maximum possible antinociception (MPE) which decreased relatively slowly (mean level of antinociception greater than 50% of MPE at 3 hr). Pretreatment with naloxonazine or nor-BNI 24 hr prior to i.c.v. oxycodone 40 nmol plus morphine 15 nmol resulted in a decrease in the levels of antinociception. In Dark Agouti rats i.p. oxycodone at 571 nmol plus morphine at 621 nmol resulted in 100% MPE by 10 min. The mean levels of antinociception remained high for the 1st 2 hr of the experimental period and then decreased to 65% MPE by 3 hr postdosing. Oxycodone 571 nmol i.p. with 310 nmol morphine or oxycodone 285 nmol plus 621 nmol morphine resulted in maximum antinociception by 15 min but the duration of action was reduced to 2 hr. Coadministration of oxycodone or morphine in sub-antinociceptive doses neither strain of rat showed any adverse behavioral effects such as sedation, incontinence or catatonia. In Dark Agouti rats the ED50 doses of s.c. oxycodone and morphine were 2.8 and 8.5 mg/kg, respectively. Behaviorally rats given single s.c. morphine or oxycodone in doses larger than the ED50 were sedated. Co-administration of sub-antinociceptive doses of oxycodone and morphine produced synergistic levels of pain relief. (LL)

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L212  ANSWER 3 OF 16  DRUGU  COPYRIGHT 2006 THE THOMSON CORP on STN DUPLICATE 6
ACCESSION NUMBER: 1994-22863  DRUGU   P S   Full-text
TITLE:            The antinociceptive potencies of oxycodone, noroxycodone and
                  morphine after intracerebroventricular administration to
                  rats.
AUTHOR:           Leow K P; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION:         Brisbane, Australia
SOURCE:           Life Sci. (54, No. 17, 1229-36, 1994) 2 Fig. 1 Tab. 20 Ref.
                  CODEN: LIFSAK       ISSN: 0024-3205
AVAIL. OF DOC.:   Department of Pharmacy, The University of Queensland, St
                  Lucia, Queensland 4072, Australia. (M.T.S.).
LANGUAGE:         English
DOCUMENT TYPE:    Journal
FIELD AVAIL.:     AB; LA; CT
FILE SEGMENT:     Literature
AN    1994-22863  DRUGU   P S   Full-text
```

AB In rats, i.c.v. administration of noroxycodone (NOR, Du-Pont-Merck) or oxycodone HCl (OXY, Sigma-Chemical) had a more potent antinociceptive effect than that of i.c.v. morphine HCl (MOR). Administration of i.c.v. naloxone HCl (Sigma-Chemical) abolished the antinociceptive response produced by the subsequent administration of OXY, NOR or MOR, indicating that the antinociceptive affects of these 3 drugs are mediated by opioid receptors. NOR also produced excitatory effects throughout the antinociceptive range, the severity of which was reduced, but not abolished, by prior administration of i.c.v. naloxone. As excitatory effects have not been observed in patients receiving OXY, it is unlikely that NOR contributes to the analgesic activity of OCY administered systemically.

ABEX In male Sprague-Dawley rats (250 g), the ED50 value for i.c.v. MOR was 34 nmol. Corresponding ED50 values for i.c.v. OXY and NOR were 78 and 200 nmol, respectively. Antinociceptive potencies of OXY and NOR relative to MOR, estimated using the ED50 values, were 0.44 and 0.17, respectively. After i.c.v. MOR, the antinociceptive response comprised 2 distinct phases. During phase 1, antinociception commenced at 15-30 min,

peaked at 45-60 min and decreased at 75 min. Phase 2 antinociception peaked at 90 min and decreased throughout the remainder of the 3-hr observation period. During phase 2 antinociception, rats were incontinent. Only phase 1 antinociception was observed in rats given OXY. Onset of antinociception was very rapid with peak values occurring at 7-15 min post-dosing. When NOR was administered, 2 antinociceptive phases were observed in a manner analogous to that observed after i.c.v. MOR. Time to achieve maximum antinociception was significantly shorter for OXY (9.3 min) than for MOR (31.8 min) or NOR (34.6 min). At equieffective doses, the mean duration of antinociception was significantly shorter for i.c.v. OXY (114 min) than for i.c.v. MOR and NOR (180 min). Naloxone (55 nmol) given 15 min prior to i.c.v. opioid agonist significantly reduced the antinociceptive response of the respective opioid agonist administered alone. NOR also produced allodynia, excessive facial grooming, tremor, Straub tail and myoclonic jerks. The severity of these effects was reduced but not eliminated by subsequent naloxone. Grand mal seizures then death occurred in 2 rats given 432 nmol of NOR. (SAB)

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L212  ANSWER 4 OF 16  DRUGU  COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 2000-44276  DRUGU   P   Full-text
TITLE:            Incomplete, asymmetric, and route-dependent cross-tolerance
                  between oxycodone and morphine in the Dark Agouti rat.
AUTHOR:           Nielsen C K; Ross F B; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION:         Brisbane, Austr.
SOURCE:           J.Pharmacol.Exp.Ther. (295, No. 1, 91-99, 2000) 4 Fig. 4 Tab.
                  29 Ref.
                  CODEN: JPETAB       ISSN: 0022-3565
AVAIL. OF DOC.:   School of Pharmacy, The University of Queensland, St. Lucia,
                  Queensland 4072, Australia. (M.T.S.). (e-mail:
                  m.smith@pharmacy.uq.edu.au).
LANGUAGE:         English
DOCUMENT TYPE:    Journal
FIELD AVAIL.:     AB; LA; CT
FILE SEGMENT:     Literature
AN    2000-44276  DRUGU   P   Full-text
```

AB The antinociceptive effects of bolus i.v. or i.c.v. oxycodone HCl (OX, Tasmanian Alkaloids) or morphine sulfate (MP) were determined OX- and MP-tolerant rats. In MP-tolerant rats, i.c.v. OX did not induce cross-tolerance whereas i.v. OX induced a low degree of cross-tolerance. In OX-tolerant rats, both i.c.v. and i.v. induced a high degree of cross-tolerance. It was concluded that after parenteral but not supraspinal administration, OX is metabolized to a mu-opioid agonist metabolite, thereby explaining asymmetric and incomplete cross-tolerance between OX and MP.

ABEX Methods Dark Agouti rats (200 g) received i.v. infusion of OX (2.5 or 5 mg/day) or MP (10 or 20 mg/day) until rats were completely tolerant followed by 12-hr washout period. OX-tolerant, MP-tolerant and drug-naive rats received either bolus i.v. OX (79-1585 nmol) or MP (350-3504 nmol) or bolus i.c.v. OX (22-132 nmol) or MP (18-150 nmol). Results Complete antinociceptive tolerance was produced by 48 hr in naive rats following chronic i.v. infusion of OX (2.5 mg/day) and MP (10 mg/day). Chronic i.v. infusion of OX (5 mg/day) induced tolerance in naive, MP-tolerant and OX-tolerant rats after 72 hr, 48 hr and 8 hr, respectively. Chronic i.v. infusion of MP (20 mg/day) induced tolerance in naive, OX-tolerant and MP-tolerant rats after 84 hr, 36 hr and 12 hr, respectively. Equipotent antinociception was produced by chronic i.v. OX and MP in doses of 2.5 mg/day and 10 mg/day, respectively, and tolerance was established over a similar time frame. In MP-tolerant rats, i.c.v. OX did not affect the dose-response curve or ED50 of i.c.v. OX, whereas

i.c.v. MP increased the ED50 of i.c.v. MP. In OX-tolerant and MP-tolerant rats, i.c.v. MP caused a rightward shift in the dose-response curve of i.c.v. MP and increased the ED50 of i.c.v. MP by 1.9-fold and 2.6-fold, respectively. Rats that received i.c.v. or i.v. MP or OX were sedated, whereas rats that received i.c.v. MP experienced urinary incontinence. In MP-tolerant rats, i.v. OX and i.v. MP increased the ED50 of OX. Similarly in OX-tolerant rats, i.v. MP and i.v. OX increased the ED50 of MP. I.v. OX produced a lower degree of tolerance in MP-tolerant rats than did i.v. MP in OX-tolerant rats (23.7% vs. 71.3%). (NK)

L212 ANSWER 5 OF 16 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1998-04922 DRUGU P Full-text
TITLE: The intrinsic antinociceptive effects of oxycodone appear to be K-opioid receptor mediated.
AUTHOR: Rose F B; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION: Brisbane, Austr.
SOURCE: Pain (73, No. 2, 151-57, 1997) 5 Fig. 33 Ref.
CODEN: PAINDB ISSN: 0304-3959
AVAIL. OF DOC.: School of Pharmacy, Steele Building, The University of Queensland, St. Lucia, Brisbane, Queensland 4072, Australia. (E-mail: maree.smith@pharmacy.uq.edu.au).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1998-04922 DRUGU P Full-text
AB The Authors' previous studies in the Sprague-Dawley rat showed that the intrinsic antinociceptive effects of oxycodone are naloxone reversible in a manner analogous to morphine but, in contrast to morphine, oxycodone's antinociceptive effects have a rapid onset of maximum effect, comprise 1 (not 2) antinociceptive phases and are of relatively short duration. This study used a range of selective opioid receptor antagonists to identify the major class of opioid receptors mediating the intrinsic antinociceptive effects of oxycodone following its i.c.v. administration to rats. The data strongly suggested that the antinociceptive actions of oxycodone are mediated by kappa-opioid receptors, in contrast to morphine which interacts primarily with u-opioid receptors.
ABEX A range of selective opioid receptor antagonists were given to adult male Sprague dawley rats (200 +/- 20 g). The intrinsic antinociceptive effects of oxycodone (171 nmol) were not attenuated by i.c.v. administration of (i) naloxonazine (1 nmol), a u1-selective opioid receptor antagonist, or (ii) naltrindole (2.2 nmol), a delta-selective opioid receptor antagonist, in doses that completely attenuated the intrinsic antinociceptive effects of equipotent doses of the respective u1 and delta-opioid agonists, morphine (78 nmol) and enkephalin-2-D-Pen,5-Pen (DPDPE, 55 nmol). Although beta-funaltrexamine (B-FNA, 4 nmol) attenuated the antinociceptive effects of oxycodone (171 nmol i.c.v.), it also attenuated the antinociceptive effects of morphine (78 nmol) and bremazocine (57 nmol; kappa-opioid agonist) indicative of non-selective antagonism. Importantly, the antinociceptive effects of oxycodone (171 nmol i.c.v.) were markedly attenuated by the prior i.c.v. administration of the selective kappa-opioid receptor antagonist, norbinaltorphimine, in a dose (0.3 nmol) that did not attenuate the antinociceptive effects of an equipotent dose of i.c.v. morphine (78 nmol). (PH)

L212 ANSWER 6 OF 16 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1994-27116 DRUGU P Full-text
TITLE: Serum protein binding of oxycodone and morphine.

AUTHOR: Wright A W E; Leow K P; Cramond T; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION: Brisbane, Australia
SOURCE: Aust.J.Hosp.Pharm. (24, No. 2, 206, 1994)
CODEN: AUHPAI ISSN: 0310-6810
AVAIL. OF DOC.: Dept. of Pharmacy, The University of Queensland, Brisbane, Queensland, 4072, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1994-27116 DRUGU P Full-text
AB The study aim was to determine the extent of serum protein binding of oxycodone (OX) and morphine (MO) in HSA and human alpha1-acid glycoprotein (AAG). OX and MO bound primarily to HSA, although both drugs bound to AAG with a higher affinity than to albumin. A decrease in temperature or an increase in pH significantly increased the protein binding of both OX and MO. The serum protein binding of both opioids was independent of drug concentration in the therapeutic range (5-100 ng/ml), but was dependent on the protein concentration. It is unlikely that changes in serum protein concentrations associated with disease states such as renal or hepatic failure would alter the pharmacological effects of OX or MO due to the normally low extent of binding of both drugs. (congress abstract).
ABEX Methods Serum protein binding was determined in-vitro by ultrafiltration. Binding studies were also performed using both purified HSA and AAG. Results OX and MO bound primarily to albumin although both drugs bound to AAG with a higher affinity than to albumin. At physiological pH and temperature, the mean serum protein binding of OX and MO were 45.1% and 35.3%, respectively. A decrease in temperature (from 37 deg to 23 deg) or an increase in pH (from 7.4 to 7.75-7.85) significantly increased the protein binding of both OX and MO, underlining the necessity to conduct protein binding studies at physiological pH and temperature. The serum protein binding of both opioids was independent of drug concentration in the therapeutic range (5-100 ng/ml) but was dependent on the protein concentration. In serum containing albumin and AAG concentrations within the normal ranges, the binding of OX to albumin and AAG would be in the ranges 31-39% and 5-10%, respectively, and the binding of morphine would be 26-34% and 4-5%, respectively. (SAB)

L212 ANSWER 7 OF 16 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1993-52909 DRUGU P Full-text
TITLE: Determination of the Serum Protein Binding of Oxycodone and Morphine Using Ultrafiltration.
AUTHOR: Leow K P; Wright A W E; Cramond T; Smith M T
LOCATION: Brisbane, Australia
SOURCE: Ther.Drug Monit. (15, No. 5, 440-47, 1993) 6 Tab. 23 Ref.
CODEN: TDMODV ISSN: 0163-4356
AVAIL. OF DOC.: Department of Pharmacy, University of Queensland, Brisbane, Queensland 4072, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT; MPC
FILE SEGMENT: Literature
AN 1993-52909 DRUGU P Full-text
AB Serum protein binding of both oxycodone (OX) and morphine (MO) was fairly low and independent of drug concentration in the therapeutic range, but increased with increasing levels of total protein and of purified HSA or human alpha1-acid glycoprotein (AAG, both Sigma-Chemical), in blood samples from healthy subjects. Albumin was the major binding protein for both OX and MO. Bound

fractions also increased with a decrease in temperature, and decreased with a small reduction in Ph.Serum samples spiked with known OX concentrations showed a gradual decline in serum protein binding with storage time. It is concluded that disease states altering protein concentrations may affect serum protein binding of OX or MO, but that this is unlikely to alter pharmacological effects due to their normally low extent of protein binding.
ABEX Mean (and range) concentrations of total protein, albumin and AAG in blood from healthy volunteers were 74 (62-80), 44 (35-48) and 0.91 (0.55-2.4) g/l, respectively. At physiological pH and temperature, mean serum protein binding (measured by ultrafiltration) was 45.1% for OX and 35.3% for MO. Total and unbound MO and OX were measured by HPLC. A decrease in temperature from 37 to 23 deg, increased serum protein binding by 8-9% for OX and 7-10% for MO. A reduction in pH from 7.75-8.85 to 7.4 reduced serum protein binding by 4-5% for OX and 4-7% for MO. For each pH and temperature variation, serum protein binding for MO was lower than for OX and independent of drug concentration from 5 to 100 ng/ml. Storage of serum samples containing known concentrations of OX at -20 deg resulted in a decline in serum protein binding of XO from about 45% to 39% at 4 wk. Albumin was the major binding protein for both OX and MO, with AAG accounting for only a small proportion of total binding. The bound fraction of OX and MO increased with increasing albumin and AAG concentrations, with higher binding for OX than MO. A reduction in pH to 7.4 and increase in temperature from 23 to 37 deg reduced the binding affinities (Ka) of OX and MO in serum. At each pH and temperature, Ka for MO was lower than that for OX. Binding affinities were higher for AAG than HSA for both OX and MO, and did not change with different protein concentrations. For both OX and MO, Ka was inversely proportional to HSA concentration. The fraction of OX bound to AAG increased with AAG concentration, but the % MO bound was only weakly correlated with AAG concentration. (W103/KP)

L212 ANSWER 8 OF 16 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1994-06523 DRUGU P Full-text
TITLE: Antinociceptive Potencies of Oxycodone (OC), Noroxycodone (NOC) and Morphine (M) After ICV Administration to Rats.
AUTHOR: Smith M T; Leow K P
CORPORATE SOURCE: Univ.Queensland
LOCATION: Brisbane, Australia
SOURCE: Clin.Exp.Pharmacol.Physiol. (Suppl. 1, 67, 1993)
CODEN: CEXPB9 ISSN: 0305-1870
AVAIL. OF DOC.: Department of Pharmacy, University of Queensland, Qld 4072, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1994-06523 DRUGU P Full-text
AB The antinociceptive potencies of oxycodone (OC), its metabolite noroxycodone (NOC) and of morphine (M) were compared after i.c.v. administration in rats, using the tail flick latency test. Analgesic activity was demonstrated for NOC, but it was not as potent as M or OC. I.c.v. naloxone (NAL) blocked the antinociceptive effects of OC and NOC, but failed to totally eliminate the excitatory effects (allodynia, excessive grooming, tremor, Straub tail, myoclonus, etc.) elicited by i.c.v. NOC. It is thus possible that non-opioid mechanisms are involved in the excitatory effects of NOC as has been reported previously for high-dose i.c.v. M. (congress abstract).
ABEX The i.c.v. ED50 values for M, OC, and NOC were 11, 27.5 and 57 ug, respectively. Whilst antinociception (more than 50% of maximal possible effect) was noted for all doses of M tested (5 ug or higher), antinociceptive activity was noted only in rats receiving at least 40 ug

of OC and at least 60 ug of NOC. A significantly shorter duration of antinociception occurred after OC than after M or NOC. I.c.v. administration of NAL markedly reduced the degree of antinociception produced by the subsequent i.c.v. administration of OC and NOC, indicating that the antinociceptive effects of OC and NOC are mediated by opioid receptors. A range of dose-dependent excitatory effects (allodynia, excessive facial grooming, tremor, Straub tail, myoclonic jerks, generalized seizures) were also observed in rats which received i.c.v. NOC, the severity of which was reduced but not eliminated by the subsequent administration of NAL (20 ug i.c.v.). (ES4/RSV)

L212 ANSWER 9 OF 16 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1994-06518 DRUGU P T Full-text
TITLE: A New Metabolite of Oxycodone in Humans.
AUTHOR: Rose F B; Cramond T; Smith M T
CORPORATE SOURCE: Univ.Queensland
LOCATION: Brisbane, Australia
SOURCE: Clin.Exp.Pharmacol.Physiol. (Suppl. 1, 63, 1993) 1 Ref.
CODEN: CEXPB9 ISSN: 0305-1870
AVAIL. OF DOC.: Department of Pharmacy, University of Queensland, Qld 4072, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT; MPC
FILE SEGMENT: Literature
AN 1994-06518 DRUGU P T Full-text
AB The metabolism of oxycodone (OC), a semi-synthetic opioid derivative with a reported efficacy approximately 0.7 that of morphine for the management of cancer pain, was studies in 8 cancer patients receiving OC chronically and in 5 healthy volunteers after a single p.o. dose. Urinary recovery of OC, noroxycodone (NOC) and oxymorphone (OM) was only 25%. However, an unstable metabolite was found, that accounted for at least 50% of the OC dose, and was thought to be a catachol derivative of OM. (congress abstract).
ABEX As OC has low affinity for mu-opioid receptor (Kd more than 1 uM), it is postulated that OC's analgesic efficacy may be due to formation of 1 or more active metabolites. The current studies both in cancer patients receiving OC chronically (40 mg daily) and in healthy volunteers after a single oral dose (10 mg) showed that the mean total urinary recovery of OC, NOC and OM (conjugated and unconjugated) was only 25%. Also, the OM urinary concentration (conjugated and unconjugated) was below the limits of detection (less than 0.5 ug/ml) in all urine samples. After incubation of OC urine with beta-glucuronidase, a new metabolite accounting for at least 50% of the OC dose, appeared in the HPLC chromatogram. In healthy volunteers this new metabolite only appeared in the 2nd 12 hr period after dosing. This putative OC metabolite was difficult to isolate because it is unstable both in unbuffered urine and in HPLC mobile phase. One possible structure for the putative new metabolite of OC which is consistent with the UV spectrum and with its instability in aqueous fluids is a catechol derivative of OM. (ES4/RSV)

L212 ANSWER 10 OF 16 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1
ACCESSION NUMBER: 2005:219720 CAPLUS Full-text
DOCUMENT NUMBER: 142:274052
TITLE: Methods and compositions using sub-analgesic doses of a μ opioid agonist and oxycodone for reducing the risk associated with the administration of opioid analgesics in patients with diagnosed or undiagnosed respiratory illness
INVENTOR(S): Pace, Gary W.; Smith, Maree T.
PATENT ASSIGNEE(S): USA

SOURCE: U.S. Pat. Appl. Publ., 11 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005053659	A1	20050310	US 2003-661458	20030910 <--
WO 2005025621	A1	20050324	WO 2004-US29731	20040910 <--
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
EP 1667723	A1	20060614	EP 2004-783810	20040910 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK				
PRIORITY APPLN. INFO.:			US 2003-661458	A1 20030910 <--
			WO 2004-US29731	W 20040910

ED Entered STN: 11 Mar 2005
AB The invention discloses methods for reducing the risk associated with the administration of opioid analgesics in patients diagnosed or undiagnosed with respiratory illness by administering an analgesic composition comprising a sub-analgesic dosage of a μ-opioid agonist selected from morphine, fentanyl, sufentanil, alfentanil, oxymorphone and hydromorphone, or a pharmaceutically acceptable salt thereof, and a sub-analgesic dosage of oxycodone, which is a κ2-opioid agonist, or a pharmaceutically acceptable salt thereof.

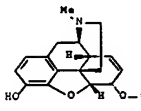
L212 ANSWER 11 OF 16 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 3
ACCESSION NUMBER: 2003:757712 CAPLUS Full-text
DOCUMENT NUMBER: 139:271069
TITLE: Methods and compositions including nitric oxide donors and opioid analgesics for pain relief
INVENTOR(S): Smith, Maree Therese; Brown, Lindsay; Harvey, Mark Bradford Pullar; Williams, Craig Mckenzie
PATENT ASSIGNEE(S): The University of Queensland, Australia
SOURCE: PCT Int. Appl., 69 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2003078437	A1	20030925	WO 2003-AU335	20030320
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT,				

TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

CA 2479098	AA	20030925	CA 2003-2479098	20030320
AU 2003209850	A1	20030929	AU 2003-209850	20030320
US 2003219494	A1	20031127	US 2003-393050	20030320
EP 1495026	A1	20050112	EP 2003-744274	20030320
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, SK				
JP 2005524676	T2	20050818	JP 2003-576442	20030320
CN 1703416	A	20051130	CN 2003-809229	20030320
PRIORITY APPLN. INFO.:			US 2002-366594P	P 20020320
			WO 2003-AU335	W 20030320

OTHER SOURCE(S): MARPAT 139:271069
ED Entered STN: 26 Sep 2003
GI



I

AB Compns. and methods that induce, promote or otherwise facilitate pain relief are disclosed. These compns. and methods comprise a nitric oxide donor which either directly or indirectly prevents, attenuates or reverses the development of reduced opioid sensitivity, together with a compound which activates the opioid receptor that is the subject of the reduced opioid sensitivity. The compns. and methods prevent or alleviate pain, especially in neuropathic conditions and even more especially in peripheral neuropathic conditions such as painful diabetic neuropathy. The preferred nitric oxide donor is L-arginine, while the preferred compds. which activate the opioid receptor are morphine and oxycodone. Conjugate compds. comprising the nitric oxide donor and an opioid analgesic are also disclosed. Preparation of morphine-NO donor conjugates, e.g. I, is also described.
REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L212 ANSWER 12 OF 16 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 5
ACCESSION NUMBER: 1997:361742 CAPLUS Full-text
DOCUMENT NUMBER: 126:325531
TITLE: Production of analgesic synergy by co-administration of sub-analgesic doses of a μ-opioid agonist and a κ2-opioid agonist
INVENTOR(S): Smith, Maree; Ross, Fraser
PATENT ASSIGNEE(S): University of Queensland, Australia; Lynx Project Limited; Smith, Maree; Ross, Fraser
SOURCE: PCT Int. Appl., 83 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9714438	A1	19970424	WO 1996-AU656	19961021
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN				
RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG				
ZA 9608808	A	19970527	ZA 1996-8808	19961019
CA 2235375	AA	19970424	CA 1996-2235375	19961021
AU 9672076	A1	19970507	AU 1996-72076	19961021
AU 706691	B2	19990624		
EP 871488	A1	19981021	EP 1996-933277	19961021
EP 871488	B1	20050413		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
CN 1204264	A	19990106	CN 1996-199071	19961021
CN 1104910	B	20030409		
AT 292982	E	20050415	AT 1996-933277	19961021
ES 2241003	T3	20051016	ES 1996-933277	19961021
US 6310072	B1	20011030	US 1997-921167	19970829
PRIORITY APPLN. INFO.:			AU 1995-6038 A	19951019
			WO 1996-AU656 W	19961021

ED Entered STN: 11 Jun 1997
AB An analgesic composition comprises a sub-analgesic dosage of a μ-opioid agonist or analog or derivative or pharmaceutically acceptable salts thereof and a sub-analgesic dosage of a κ2-opioid agonist or analog or derivative of pharmaceutically acceptable salts thereof. The μ-opioid agonist may be morphine, fentanyl, sufentanil, alfentanil, or hydromorphone; the κ2-opioid agonist may be oxycodone.

L212 ANSWER 13 OF 16 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2003:757520 CAPLUS Full-text
DOCUMENT NUMBER: 139:255390
TITLE: Method of treatment and prophylaxis of neuropathic condition
INVENTOR(S): Smith, Maree Therese; Brown, Lindsay
PATENT ASSIGNEE(S): The University of Queensland, Australia
SOURCE: PCT Int. Appl., 87 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2003077912	A1	20030925	WO 2003-AU336	20030320
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM,				

PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

AU 2003209851	A1	20030929	AU 2003-209851	20030320
US 2003199424	A1	20031023	US 2003-393056	20030320
PRIORITY APPLN. INFO.:			US 2002-365858P	P 20020320
			WO 2003-AU336	W 20030320

ED Entered STN: 26 Sep 2003
AB The invention is involves the use of angiotensin II receptor 1 (AT1 receptor) antagonists for the treatment, prophylaxis, reversal and/or symptomatic relief of a neuropathic condition, especially a peripheral neuropathic condition such as painful diabetic neuropathy, in vertebrate animals and particularly in human subjects. The invention also discloses the use of AT1 receptor antagonists for preventing, attenuating or reversing the development of reduced opioid sensitivity, and more particularly reduced opioid analgesic sensitivity, in individuals and especially in individuals having, or at risk of developing, a neuropathic condition.
REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L212 ANSWER 14 OF 16 WPIX COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 2006-464147 [47] WPIX
DOC. NO. CPI: C2006-145568 [47]
TITLE: Method of producing analgesia, useful to relieve pain e.g. moderate to severe cancer pain and post surgical pain, comprises administering a nitric oxide donor and an opioid analgesic
DERWENT CLASS: B02
INVENTOR: SMITH M T
PATENT ASSIGNEE: (UYQU-C) UNIV QUEENSLAND
COUNTRY COUNT: 111

PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
WO 2006066362	A1 20060629 (200647)*	EN	87	[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2006066362 A1		WO 2005-AU1976	20051223

PRIORITY APPLN. INFO: AU 2004-907352 20041224
ED 20060724
AN 2006-464147 [47] WPIX
AB WO 2006066362 A1 UPAB: 20060724
NOVELTY - Method of producing analgesia (A) in a subject comprises administering a nitric oxide donor (II) and an opioid analgesic, where (II) delivers nitric oxide (II) at a rate of 0.0002-2 nmol/kg/hour.
DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for new compounds of formula (I).
ACTIVITY - Analgesic.
MECHANISM OF ACTION - None given.
USE - (A) is useful to relieve pain (moderate to severe cancer pain, moderate to severe post surgical pain, pain following physical trauma, pain associated

with cardiac infarction and inflammatory pain) (claimed). No biological data given.
ADVANTAGE - (A) enhances the endogenous production of nitrosothiols and reduces the endogenous production of peroxynitrite.

L212 ANSWER 15 OF 16 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005175148 EMBASE Full-text
TITLE: Co-administration of oxycodone and morphine and analgesic synergy re-examined [1] (multiple letters).
AUTHOR: Smith M.T.; De La Iglesia F.A.; Grath M.; Masselha W.; Pud D.; Adler R.; Eisenberg E.
CORPORATE SOURCE: F.A. De La Iglesia, University of Michigan, Medical School, Ann Arbor, MI, Australia. delsigf@umich.edu
SOURCE: British Journal of Clinical Pharmacology, (2005) Vol. 59, No. 4, pp. 486-488. .
ISSN: 0306-5251 CODEN: BCPHEM
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
LANGUAGE: English
ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 12 May 2005
ED Entered STN: 12 May 2005
Last Updated on STN: 12 May 2005
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L212 ANSWER 16 OF 16 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 97021905 EMBASE Full-text
DOCUMENT NUMBER: 1997021905
TITLE: HIV-1 protease inhibitors: A review for clinicians.
AUTHOR: Deeks S.G.; Smith M.; Holodniy M.; Kahn J.O.
CORPORATE SOURCE: Dr. J.O. Kahn, University of California, San Francisco General Hospital, 995 Potrero Ave, San Francisco, CA 94110, United States. jkahn@sfaids.ucsf.edu
SOURCE: Journal of the American Medical Association, (1997) Vol. 277, No. 2, pp. 145-153. .
Refs: 59
ISSN: 0098-7484 CODEN: JAMAAP
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 006 Internal Medicine
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 15 Feb 1997
Last Updated on STN: 15 Feb 1997
ED Entered STN: 15 Feb 1997
Last Updated on STN: 15 Feb 1997
AB Objective.-The clinical care of people infected with human immunodeficiency virus (HIV) has been substantially affected by the introduction of HIV-specific protease inhibitors (PIs). The 4 PIs available are saquinavir mesylate, ritonavir, indinavir sulfate, and nelfinavir mesylate. Comparison studies have not been reported; therefore, an assessment of the available data to aid clinicians and patients in choosing appropriate treatment will be

presented. Data Sources.-A systematic review of peer- reviewed publications, abstracts from national and international conferences, and product registration information through September 1996. Study Selection and Data Extraction.-Criteria used to select studies include their relevance to PIs, having been published in the English language, and pertinence for clinicians. Data quality and validity included the venue of the publication and relevance to clinical care. Data Synthesis.-Oral administration of ritonavir, indinavir, or nelfinavir generates sustainable drug serum levels to effectively inhibit the protease enzyme; however, saquinavir may not generate sustained levels necessary to inhibit the protease enzyme. Patients treated with ritonavir, indinavir, or nelfinavir experience similar reductions in viral load and increases in CD4+ lymphocytes; smaller effects occur among those treated with saquinavir. Two randomized placebo-controlled studies conducted among patients with severe immune system suppression and substantial zidovudine treatment experience demonstrated reduced HIV disease progression and reduced mortality with PI treatment. Genotypic resistance to PIs occurs; the clinical relevance of resistance is unclear. The costs of these agents including required monitoring impose new and substantial costs. Conclusions.- The PIs have emerged as critical drugs for people with HIV infection. Optimal use involves combination with reverse transcriptase inhibitors. Resistance develops to each agent, and cross-resistance is likely. These agents must be used at full doses with attention to ensuring patient compliance. The expense of these agents may be offset by forestalling disease progression and death and returning people to productive life. Selecting the initial PI must be individualized, and factors to consider include proven activity, possible toxicities, dosing regimens, drug interactions, and costs.

TEXT SEARCH

=> fil capl; d que l41; d que l44
FILE 'CAPLUS' ENTERED AT 11:12:31 ON 14 DEC 2006
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FILE COVERS 1907 - 14 Dec 2006 VOL 145 ISS 25
FILE LAST UPDATED: 13 Dec 2006 (20061213/ED)

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http://www.cas.org/infopolicy.html
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L5	1	SEA FILE=REGISTRY ABB=ON	MORPHINE/CN
L6	1	SEA FILE=REGISTRY ABB=ON	FENTANYL/CN
L7	1	SEA FILE=REGISTRY ABB=ON	SUFENTANIL/CN
L8	1	SEA FILE=REGISTRY ABB=ON	ALFENTANIL/CN
L9	1	SEA FILE=REGISTRY ABB=ON	OXYMORPHONE/CN
L10	1	SEA FILE=REGISTRY ABB=ON	HYDROMORPHONE/CN
L11	1	SEA FILE=REGISTRY ABB=ON	OXYCODONE/CN
L12	31087	SEA FILE=CAPLUS ABB=ON	(L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L13	1073	SEA FILE=CAPLUS ABB=ON	L11
L14	12914	SEA FILE=CAPLUS ABB=ON	OPIOIDS/CT
L15	1209	SEA FILE=CAPLUS ABB=ON	L14(L)KAPPA/OBI
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L17	56591	SEA FILE=CAPLUS ABB=ON	AGONIST#/OBI
L18	368	SEA FILE=CAPLUS ABB=ON	L15(L)L17
L19	454	SEA FILE=CAPLUS ABB=ON	L16(L)L17
L20	19117	SEA FILE=CAPLUS ABB=ON	RESPIRATORY TRACT/OBI
L21	76	SEA FILE=CAPLUS ABB=ON	L20(L)CARCINOMA/OBI
L22	25232	SEA FILE=CAPLUS ABB=ON	ASTHMA/OBI
L23	424	SEA FILE=CAPLUS ABB=ON	BRONCHIECTAS#S/OBI OR BRONCHI?/OBI(L)DILATATION/OBI OR KARTAGENER/OBI
L24	28786	SEA FILE=CAPLUS ABB=ON	TUBERCULOSIS/OBI
L25	4089	SEA FILE=CAPLUS ABB=ON	BRONCHITIS/OBI
L26	120	SEA FILE=CAPLUS ABB=ON	RESPIRATORY SYSTEM, NEOPLASM/CT
L27	35560	SEA FILE=CAPLUS ABB=ON	LUNG, NEOPLASM/CT
L28	4982	SEA FILE=CAPLUS ABB=ON	CHRONIC OBSTRUCTIVE PULMONARY/OBI OR COPD/OBI
L29	7726	SEA FILE=CAPLUS ABB=ON	BRONCHOPNEUMONIA/OBI OR PNEUMONIA/OBI
L30	136	SEA FILE=CAPLUS ABB=ON	LARYNGITIS/OBI
L31	1101	SEA FILE=CAPLUS ABB=ON	SINUSITIS/OBI
L32	2601	SEA FILE=CAPLUS ABB=ON	EMPHYSEMA/OBI
L33	6378	SEA FILE=CAPLUS ABB=ON	FIBROSING/OBI(L)ALVEOLITIS/OBI OR

			(PULMONARY/OBI OR LUNG/OBI OR RESPIRATORY/OBI)(L)(FIBROSIS/OBI OR SARCOIDOSIS/OBI)
L34	6	SEA FILE=CAPLUS ABB=ON	SLEEP DISORDERS/CT(L)RESPIRATORY/OBI
L35	943	SEA FILE=CAPLUS ABB=ON	SLEEP/OBI(L)APNEA/OBI
L36	1691	SEA FILE=CAPLUS ABB=ON	SARCOIDOSIS/CT
L37	39125	SEA FILE=CAPLUS ABB=ON	DRUG INTERACTIONS+OLD,NT/CT
L38	4450	SEA FILE=CAPLUS ABB=ON	DRUG DELIVERY SYSTEMS+OLD/CT(L)COMB?/OBI
L39	16989	SEA FILE=CAPLUS ABB=ON	COMBINATION CHEMOTHERAPY/CT
L40	5480	SEA FILE=CAPLUS ABB=ON	COMB?/OBI(L)PHARMAC?/OBI
L41	6	SEA FILE=CAPLUS ABB=ON	(L12 OR L19) AND (L13 OR L18) AND (L21 OR L22 OR L23 OR L24 OR L25 OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32 OR L33 OR L34 OR L35 OR L36) AND (L37 OR L38 OR L39 OR L40)

L5	1	SEA FILE=REGISTRY ABB=ON	MORPHINE/CN
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L7	1	SEA FILE=REGISTRY ABB=ON	SUFENTANIL/CN
L8	1	SEA FILE=REGISTRY ABB=ON	ALFENTANIL/CN
L9	1	SEA FILE=REGISTRY ABB=ON	OXYMORPHONE/CN
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L11	1	SEA FILE=REGISTRY ABB=ON	OXYCODONE/CN
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L21	76	SEA FILE=CAPLUS ABB=ON	L20(L)CARCINOMA/OBI
L22	25232	SEA FILE=CAPLUS ABB=ON	ASTHMA/OBI
L23	424	SEA FILE=CAPLUS ABB=ON	BRONCHIECTAS#S/OBI OR BRONCHI?/OBI(L)DILATATION/OBI OR KARTAGENER/OBI
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L27	35560	SEA FILE=CAPLUS ABB=ON	LUNG, NEOPLASM/CT
L28	4982	SEA FILE=CAPLUS ABB=ON	CHRONIC OBSTRUCTIVE PULMONARY/OBI OR COPD/OBI
L29	7726	SEA FILE=CAPLUS ABB=ON	BRONCHOPNEUMONIA/OBI OR PNEUMONIA/OBI
L30	136	SEA FILE=CAPLUS ABB=ON	LARYNGITIS/OBI
L31	1101	SEA FILE=CAPLUS ABB=ON	SINUSITIS/OBI
L32	2601	SEA FILE=CAPLUS ABB=ON	EMPHYSEMA/OBI
L33	6378	SEA FILE=CAPLUS ABB=ON	FIBROSING/OBI(L)ALVEOLITIS/OBI OR (PULMONARY/OBI OR LUNG/OBI OR RESPIRATORY/OBI)(L)(FIBROSIS/OBI OR SARCOIDOSIS/OBI)
L34	6	SEA FILE=CAPLUS ABB=ON	SLEEP DISORDERS/CT(L)RESPIRATORY/OBI
L35	943	SEA FILE=CAPLUS ABB=ON	SLEEP/OBI(L)APNEA/OBI
L36	1691	SEA FILE=CAPLUS ABB=ON	SARCOIDOSIS/CT
L42	552	SEA FILE=CAPLUS ABB=ON	(L12 OR L19)(L)(COMB?/OBI OR COADMIN?/OBI OR CODRUG#/OBI OR CONCOMITANT?/OBI OR CONCURRENT?/OBI OR BLEND?/OBI OR MIXTURE#/OBI)
L43	82	SEA FILE=CAPLUS ABB=ON	(L13 OR L18)(L)(COMB?/OBI OR COADMIN?/OBI OR CODRUG#/OBI OR CONCOMITANT?/OBI OR CONCURRENT?/OBI OR BLEND?/OBI OR MIXTURE#/OBI)
L44	3	SEA FILE=CAPLUS ABB=ON	L42 AND L43 AND (L21 OR L22 OR L23 OR

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              L24 OR L25 OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32 OR
              L33 OR L34 OR L35 OR L36)


=> s 141,144 not 1210

L213          5 (L41 OR L44) NOT L210

=> fil embase; d que 182; d que 184

FILE 'EMBASE' ENTERED AT 11:12:33 ON 14 DEC 2006
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 FILE COVERS 1974 TO 13 Dec 2006 (20061213/ED)

 EMBASE is now updated daily.  SDI frequency remains weekly (default)
 and biweekly.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L48        53452 SEA FILE=EMBASE ABB=ON  MORPHINE/CT
L49        26736 SEA FILE=EMBASE ABB=ON  FENTANYL/CT OR FENTANYL CITRATE/CT
L50         4395 SEA FILE=EMBASE ABB=ON  SUFENTANIL/CT OR SUFENTANIL CITRATE/CT

L51         4482 SEA FILE=EMBASE ABB=ON  ALFENTANIL/CT
L52          805 SEA FILE=EMBASE ABB=ON  OXYMORPHONE/CT
L53         2957 SEA FILE=EMBASE ABB=ON  HYDROMORPHONE/CT
L54         3754 SEA FILE=EMBASE ABB=ON  OXYCODONE/CT
L55        84233 SEA FILE=EMBASE ABB=ON  ASTHMA+NT/CT
L56         4535 SEA FILE=EMBASE ABB=ON  BRONCHIECTASIS+NT/CT
L57        15140 SEA FILE=EMBASE ABB=ON  LUNG TUBERCULOSIS/CT
L58        26377 SEA FILE=EMBASE ABB=ON  CHRONIC OBSTRUCTIVE LUNG DISEASE/CT
L59        22047 SEA FILE=EMBASE ABB=ON  BRONCHITIS+NT/CT
L60         2275 SEA FILE=EMBASE ABB=ON  BRONCHOPNEUMONIA/CT
L61         2500 SEA FILE=EMBASE ABB=ON  LARYNGITIS+NT/CT
L62        12991 SEA FILE=EMBASE ABB=ON  SINUSITIS+NT/CT
L63        13249 SEA FILE=EMBASE ABB=ON  EMPHYSEMA+NT/CT
L64         2738 SEA FILE=EMBASE ABB=ON  FIBROSING ALVEOLITIS/CT
L65        19527 SEA FILE=EMBASE ABB=ON  LUNG FIBROSIS+NT/CT
L66        11397 SEA FILE=EMBASE ABB=ON  SARCOIDOSIS/CT
L67        91685 SEA FILE=EMBASE ABB=ON  LUNG CANCER+NT/CT
L68        11977 SEA FILE=EMBASE ABB=ON  SLEEP APNEA SYNDROME/CT
L75        38068 SEA FILE=EMBASE ABB=ON  DRUG POTENTIATION/CT
L76         1228 SEA FILE=EMBASE ABB=ON  MU OPIATE RECEPTOR AGONIST/CT
L77          949 SEA FILE=EMBASE ABB=ON  KAPPA OPIATE RECEPTOR AGONIST/CT
L82            0 SEA FILE=EMBASE ABB=ON  (L48 OR L49 OR L50 OR L51 OR L52 OR
                 L53 OR L76) AND (L77 OR L54) AND L75 AND (L55 OR L56 OR L57 OR
                 L58 OR L59 OR L60 OR L61 OR L62 OR L63 OR L64 OR L65 OR L66 OR
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L48        53452 SEA FILE=EMBASE ABB=ON  MORPHINE/CT
L49        26736 SEA FILE=EMBASE ABB=ON  FENTANYL/CT OR FENTANYL CITRATE/CT
L50         4395 SEA FILE=EMBASE ABB=ON  SUFENTANIL/CT OR SUFENTANIL CITRATE/CT

L51         4482 SEA FILE=EMBASE ABB=ON  ALFENTANIL/CT
L52          805 SEA FILE=EMBASE ABB=ON  OXYMORPHONE/CT
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L63        13249 SEA FILE=EMBASE ABB=ON  EMPHYSEMA+NT/CT
L64         2738 SEA FILE=EMBASE ABB=ON  FIBROSING ALVEOLITIS/CT
L65        19527 SEA FILE=EMBASE ABB=ON  LUNG FIBROSIS+NT/CT
L66        11397 SEA FILE=EMBASE ABB=ON  SARCOIDOSIS/CT
L67        91685 SEA FILE=EMBASE ABB=ON  LUNG CANCER+NT/CT
L68        11977 SEA FILE=EMBASE ABB=ON  SLEEP APNEA SYNDROME/CT
L72          493 SEA FILE=EMBASE ABB=ON  L54(L)(CB OR IT)/CT    CB=DRUG COMBINATIONS
L76         1228 SEA FILE=EMBASE ABB=ON  MU OPIATE RECEPTOR AGONIST/CT
L77          949 SEA FILE=EMBASE ABB=ON  KAPPA OPIATE RECEPTOR AGONIST/CT
L78          208 SEA FILE=EMBASE ABB=ON  L76(L)(CB OR IT)/CT    IT=DRUG INTERACTIONS
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L84            2 SEA FILE=EMBASE ABB=ON  (L72 OR L79) AND (L80 OR L78) AND (L55
                 OR L56 OR L57 OR L58 OR L59 OR L60 OR L61 OR L62 OR L63 OR L64
                 OR L65 OR L66 OR L67 OR L68)


=> s 184 not 181

L214          2 L84 NOT L81

=> fil drugu; d que 1107

FILE 'DRUGU' ENTERED AT 11:12:35 ON 14 DEC 2006
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FILE LAST UPDATED: 11 DEC 2006        <20061211/UP>
>>>  DERWENT DRUG FILE (SUBSCRIBER)  <<<

>>>  FILE COVERS 1983 TO DATE  <<<
>>>  THESAURUS AVAILABLE IN /CT  <<<


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L6             1 SEA FILE=REGISTRY ABB=ON  FENTANYL/CN
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L8             1 SEA FILE=REGISTRY ABB=ON  ALFENTANIL/CN
L9             1 SEA FILE=REGISTRY ABB=ON  OXYMORPHONE/CN
L10            1 SEA FILE=REGISTRY ABB=ON  HYDROMORPHONE/CN
L11            1 SEA FILE=REGISTRY ABB=ON  OXYCODONE/CN
L87         9457 SEA FILE=DRUGU ABB=ON  (L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L88          269 SEA FILE=DRUGU ABB=ON  L11
L89        19705 SEA FILE=DRUGU ABB=ON  MORPHINE/CT
L90        11240 SEA FILE=DRUGU ABB=ON  FENTANYL/CT
L91         2280 SEA FILE=DRUGU ABB=ON  SUFENTANIL/CT
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L93          252 SEA FILE=DRUGU ABB=ON  OXYMORPHONE/CT
L94          866 SEA FILE=DRUGU ABB=ON  HYDROMORPHONE/CT
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L98        43301 SEA FILE=DRUGU ABB=ON  DRUG INTERACTIONS/CC
L100       31287 SEA FILE=DRUGU ABB=ON  ASTHMA OR BRONCHIECTASIS OR BRONCHI?(2A)
                 DILATATION OR KARTAGENER OR TUBERCULOSIS
L101        3808 SEA FILE=DRUGU ABB=ON  COPD OR CHRONIC OBSTRUCTIVE(W)(LUNG OR
                 PULMONARY OR RESPIRATORY)
L102       24212 SEA FILE=DRUGU ABB=ON  BRONCHITIS OR BRONCHOPNEUMONIA OR
                 PNEUMONIA OR LARYNGITIS OR SINUSITIS OR EMPHYSEMA
L103        1971 SEA FILE=DRUGU ABB=ON  FIBROSING ALVEOLITIS OR FIBROSIS(A)(LUNG
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L104         951 SEA FILE=DRUGU ABB=ON  SARCOIDOSIS
L105       17785 SEA FILE=DRUGU ABB=ON  (LUNG OR PULMONARY OR RESPIRATORY)(2A)(C
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L106         433 SEA FILE=DRUGU ABB=ON  SLEEP APNEA
L107           4 SEA FILE=DRUGU ABB=ON  ((L97 OR L98) AND (L87 OR L89 OR L90 OR
                 L91 OR L92 OR L93 OR L94) AND (L88 OR L95)) AND (L100 OR L101
                 OR L102 OR L103 OR L104 OR L105 OR L106)


=> s 1107 not 196

L215          4 L107 NOT L96

=> fil wpix; d que 1134; d que 1142

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FILE LAST UPDATED:                8 DEC 2006   <20061208/UP>
MOST RECENT THOMSON SCIENTIFIC UPDATE:    200679      <200679/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

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    PLEASE SEE
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'BI ABEX' IS DEFAULT SEARCH FIELD FOR 'WPIX' FILE
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L118         186 SEA FILE=WPIX ABB=ON  KAPPA/BI,ABEX(1W) OPIOID#/BI,ABEX
L119       12146 SEA FILE=WPIX ABB=ON  B14-L01/MC OR C14-L01/MC    =AGONISTS
L120         100 SEA FILE=WPIX ABB=ON  L117(2A)AGONIST#/BI,ABEX OR (L117 AND
                 L119)
L121         102 SEA FILE=WPIX ABB=ON  L118(2A)AGONIST#/BI,ABEX OR (L118 AND
                 L119)
L122      486502 SEA FILE=WPIX ABB=ON  (M782 OR P867)/MO,M1,M2,M3,M4,M5,M6 OR
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L124       28604 SEA FILE=WPIX ABB=ON  ASTHMA/BI,ABEX OR BRONCHIECTASIS/BI,ABEX
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L126       11360 SEA FILE=WPIX ABB=ON  BRONCHITIS/BI,ABEX OR BRONCHOPNEUMONIA/BI
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                 I,ABEX OR EMPHYSEMA/BI,ABEX
L127        2462 SEA FILE=WPIX ABB=ON  FIBROSING ALVEOLITIS/BI,ABEX OR FIBROSIS/
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                 ABEX)
L128        3624 SEA FILE=WPIX ABB=ON  SARCOIDOSIS/BI,ABEX OR SLEEP APNEA#/BI,AB
                 EX
L129        8806 SEA FILE=WPIX ABB=ON  (LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR
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                 OR CARCINOMA#/BI,ABEX)
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L111        3147 SEA FILE=WPIX ABB=ON  MORPHINE/BI,ABEX OR FENTANYL/BI,ABEX OR
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                 OR MRZ2593/BI,ABEX OR MRZ 2593/BI,ABEX OR HYDROMORPHONE/BI,ABE
                 X
L116         513 SEA FILE=WPIX ABB=ON  OXYCODONE/BI,ABEX
L117         198 SEA FILE=WPIX ABB=ON  MU OPIOID#/BI,ABEX
L118         186 SEA FILE=WPIX ABB=ON  KAPPA/BI,ABEX(1W) OPIOID#/BI,ABEX
L124       28604 SEA FILE=WPIX ABB=ON  ASTHMA/BI,ABEX OR BRONCHIECTASIS/BI,ABEX
                 OR BRONCHI?/BI,ABEX(2A)DILATATION/BI,ABEX OR KARTAGENER/BI,ABEX
                 OR TUBERCULOSIS/BI,ABEX
L125        5007 SEA FILE=WPIX ABB=ON  COPD/BI,ABEX OR CHRONIC OBSTRUCTIVE/BI,AB
                 EX(W)(LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR RESPIRATORY/BI,ABEX)

L126       11360 SEA FILE=WPIX ABB=ON  BRONCHITIS/BI,ABEX OR BRONCHOPNEUMONIA/BI
                 ,ABEX OR PNEUMONIA/BI,ABEX OR LARYNGITIS/BI,ABEX OR SINUSITIS/B
                 I,ABEX OR EMPHYSEMA/BI,ABEX
L127        2462 SEA FILE=WPIX ABB=ON  FIBROSING ALVEOLITIS/BI,ABEX OR FIBROSIS/
                 BI,ABEX(A)(LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR RESPIRATORY/BI,
                 ABEX)
L128        3624 SEA FILE=WPIX ABB=ON  SARCOIDOSIS/BI,ABEX OR SLEEP APNEA#/BI,AB
                 EX
L129        8806 SEA FILE=WPIX ABB=ON  (LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR
                 RESPIRATORY/BI,ABEX)(2A)(CANCER#/BI,ABEX OR NEOPLAS?/BI,ABEX
                 OR CARCINOMA#/BI,ABEX)
L138          84 SEA FILE=WPIX ABB=ON  L118(2A)AGONIST#/BI,ABEX
L139          61 SEA FILE=WPIX ABB=ON  L117(2A)AGONIST#/BI,ABEX
L140         384 SEA FILE=WPIX ABB=ON  ((L111 OR L139))(5A)((L116 OR L138))
L141          10 SEA FILE=WPIX ABB=ON  L140(5A)(COMB?/BI,ABEX OR CODRUG?/BI,ABEX
```

```
                OR COADMIN?/BI,ABEX OR CONCOMITANT?/BI,ABEX OR CONCURRENT?/BI,
                ABEX OR BLEND?/BI,ABEX OR MIX?/BI,ABEX)
L142          2 SEA FILE=WPIX ABB=ON  L141 AND (L124 OR L125 OR L126 OR L127
                OR L128 OR L129)


=> s l134,l142 not l211

L216          2 (L134 OR L142) NOT L211

=> fil medl; d que l189; d que l197; d que l207; d que l179

FILE 'MEDLINE' ENTERED AT 11:12:43 ON 14 DEC 2006

 FILE LAST UPDATED: 13 Dec 2006 (20061213/UP).  FILE COVERS 1950 TO DATE.

  In preparation for the annual MEDLINE reload, the National Library of
  Medicine (NLM) has suspended delivery of regular updates as of November
  15, 2006.  In-process and in-data-review records will resume delivery
  on November 21, 2006, and will continue to be added to MEDLINE until
  December 17, 2006.

  On December 17, 2006, all regular MEDLINE updates from November 15 to
  December 16 will be added to MEDLINE, along with 2007 Medical Subject
  Headings (MeSH(R)) and 2007 tree numbers.

  The annual reload will be available in early 2007.

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.


L180(     28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L181(     10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L182(       294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L183(       704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L184(       540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L185(    108974)SEA FILE=MEDLINE ABB=ON  DRUG INTERACTIONS+NT/CT
L186(     42787)SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L187(     97253)SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
L188(        15)SEA FILE=MEDLINE ABB=ON  (L180 OR L181 OR L182 OR L183) AND
                L184 AND (L185 OR L186 OR L187)
L189          3 SEA FILE=MEDLINE ABB=ON  L188 AND SYNERG?


L190(    108974)SEA FILE=MEDLINE ABB=ON  DRUG INTERACTIONS+NT/CT
L191(     42787)SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L192(     97253)SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
L193(      1136)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, MU/CT(L)AG/CT
                                                                  AG=AGONISTS
L194(       881)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, KAPPA/CT(L)AG/CT
L195(        23)SEA FILE=MEDLINE ABB=ON  L193 AND L194 AND (L190 OR L191 OR
                L192)
L196(    240557)SEA FILE=MEDLINE ABB=ON  DOSE-RESPONSE RELATIONSHIP, DRUG/CT
L197          1 SEA FILE=MEDLINE ABB=ON  L195 AND L196 AND CONDITIONING,
                OPERANT/CT
```



```
L198(     28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L199(     10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L200(       294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L201(       704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L202(       540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L203(      1136)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, MU/CT(L)AG/CT
L204(       881)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, KAPPA/CT(L)AG/CT
L205(       488)SEA FILE=MEDLINE ABB=ON  (L198 OR L199 OR L200 OR L201 OR
                L203) AND (L202 OR L204)
L206(      8267)SEA FILE=MEDLINE ABB=ON  COUGH/CT
L207          1 SEA FILE=MEDLINE ABB=ON  L205 AND L206


L164(     28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L165(     10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L166(       294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L167(       704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L168(       540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L169(    124991)SEA FILE=MEDLINE ABB=ON  LUNG DISEASES, OBSTRUCTIVE+NT/CT
L170(      5936)SEA FILE=MEDLINE ABB=ON  BRONCHIECTASIS+NT/CT
L171(     57086)SEA FILE=MEDLINE ABB=ON  TUBERCULOSIS, PULMONARY+NT/CT
L172(      3460)SEA FILE=MEDLINE ABB=ON  BRONCHOPNEUMONIA/CT
L173(      3610)SEA FILE=MEDLINE ABB=ON  LARYNGITIS+NT/CT
L174(     11628)SEA FILE=MEDLINE ABB=ON  SINUSITIS+NT/CT
L175(     13172)SEA FILE=MEDLINE ABB=ON  PULMONARY FIBROSIS/CT
L176(      1561)SEA FILE=MEDLINE ABB=ON  SARCOIDOSIS, PULMONARY/CT
L177(    113814)SEA FILE=MEDLINE ABB=ON  LUNG NEOPLASMS+NT/CT
L178(     12706)SEA FILE=MEDLINE ABB=ON  SLEEP APNEA SYNDROMES+NT/CT
L179          1 SEA FILE=MEDLINE ABB=ON  (L164 OR L165 OR L166 OR L167) AND
                L168 AND (L169 OR L170 OR L171 OR L172 OR L173 OR L174 OR L175
                OR L176 OR L177 OR L178)


=> s l189,l197,l207,l179

L217          6 (L189 OR L197 OR L207 OR L179)

=> => dup rem l217,l215,l213,l216,l214
FILE 'MEDLINE' ENTERED AT 11:13:15 ON 14 DEC 2006

FILE 'DRUGU' ENTERED AT 11:13:15 ON 14 DEC 2006
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PROCESSING COMPLETED FOR L217
PROCESSING COMPLETED FOR L215
PROCESSING COMPLETED FOR L213
PROCESSING COMPLETED FOR L216
PROCESSING COMPLETED FOR L214
L218          19 DUP REM L217 L215 L213 L216 L214 (0 DUPLICATES REMOVED)
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                ANSWERS '1-6' FROM FILE MEDLINE
                ANSWERS '7-10' FROM FILE DRUGU
                ANSWERS '11-15' FROM FILE CAPLUS
                ANSWERS '16-17' FROM FILE WPIX
                ANSWERS '18-19' FROM FILE EMBASE

=> d iall 1-10; d ibib ed abs hit 11-15; d ibib abeq tech hitstr 16-17; d iall 18-
19; fil hom

L218 ANSWER 1 OF 19     MEDLINE on STN
ACCESSION NUMBER:    2006205320     MEDLINE  Full-text
DOCUMENT NUMBER:     PubMed ID: 16612168
TITLE:               Efficacy of controlled-release oxycodone for dyspnea in
                     cancer patients--three case series.
AUTHOR:              Shinjo Takuya; Okada Masakuni
CORPORATE SOURCE:    Dept. of Palliative Care Unit, Shakaihoken Kobe Central
                     Hospital.
SOURCE:              Gan to kagaku ryoho. Cancer & chemotherapy, (2006 Apr) Vol.
                     33, No. 4, pp. 529-32.
                     Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY:        Japan
DOCUMENT TYPE:       (CASE REPORTS)
                     Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:            Japanese
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200605
ENTRY DATE:          Entered STN: 14 Apr 2006
                     Last Updated on STN: 10 May 2006
                     Entered Medline: 9 May 2006
ABSTRACT:
Dyspnea is a common symptom in patients with advanced cancer.  Systemic
morphine administration has been reported as an effective pharmacological
treatment to control dyspnea.  However, there have been few reports on similar
effects of alternative opioids except for morphine.  To evaluate the effect of
controlled-release oxycodone on the relief of dyspnea, we investigated three
cases with opioid substitution from subcutaneous morphine to oral oxycodone.
In all cases, both opioids provided equivalent effects for the palliation of
cancer dyspnea with no significant adverse effects.  Future studies in the
appropriate clinical designs will be needed to confirm our findings.
CONTROLLED TERM:     Check Tags: Female; Male
                      Administration, Oral
                      Aged
                     *Analgesics, Opioid: AD, administration & dosage
                      Delayed-Action Preparations
                     *Dyspnea: DT, drug therapy
                      Dyspnea: RT, etiology
                      English Abstract
                      Humans
                      Injections, Subcutaneous
                        Lung Neoplasms: CO, complications
                       *Lung Neoplasms: PP, physiopathology
                      Middle Aged
                        Morphine: AD, administration & dosage
                       *Oxycodone: AD, administration & dosage
CAS REGISTRY NO.:    57-27-2 (Morphine); 76-42-6 (Oxycodone)
CHEMICAL NAME:       0 (Analgesics, Opioid); 0 (Delayed-Action Preparations)

L218 ANSWER 2 OF 19     MEDLINE on STN
ACCESSION NUMBER:    2005170367     MEDLINE  Full-text
DOCUMENT NUMBER:     PubMed ID: 15801946
```



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TITLE:               Co-administration of oxycodone and morphine and analgesic
                     synergy re-examined.
AUTHOR:              Smith Maree T; de la Iglesia Felix A
SOURCE:              British journal of clinical pharmacology, (2005 Apr) Vol.
                     59, No. 4, pp. 486-7; author reply 487-8.
                     Journal code: 7503323. ISSN: 0306-5251.
COMMENT:             Comment on: Br J Clin Pharmacol. 2004 Sep;58(3):235-42.
                     PubMed ID: 15327582
PUB. COUNTRY:        England: United Kingdom
DOCUMENT TYPE:       Commentary
                     Letter
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200508
ENTRY DATE:          Entered STN: 2 Apr 2005
                     Last Updated on STN: 2 Aug 2005
                     Entered Medline: 1 Aug 2005
CONTROLLED TERM:     *Analgesics, Opioid: AD, administration & dosage
                     *Cold
                        Drug Combinations
                        Drug Synergism
                      Humans
                       *Morphine: AD, administration & dosage
                     *Nociceptors: DE, drug effects
                       *Oxycodone: AD, administration & dosage
                     *Pain: PC, prevention & control
CAS REGISTRY NO.:    57-27-2 (Morphine); 76-42-6 (Oxycodone)
CHEMICAL NAME:       0 (Analgesics, Opioid); 0 (Drug Combinations)

L218 ANSWER 3 OF 19     MEDLINE on STN
ACCESSION NUMBER:    2004422001     MEDLINE  Full-text
DOCUMENT NUMBER:     PubMed ID: 15327582
TITLE:               Can coadministration of oxycodone and morphine produce
                     analgesic synergy in humans? An experimental cold
                     pain study.
AUTHOR:              Grach Michael; Massalha Wattan; Pud Dorit; Adler Rivka;
                     Eisenberg Elon
CORPORATE SOURCE:    Department of Anaesthesiology, Carmel Hospital, Haifa,
                     Israel.
SOURCE:              British journal of clinical pharmacology, (2004 Sep) Vol.
                     58, No. 3, pp. 235-42.
                     Journal code: 7503323. ISSN: 0306-5251.
COMMENT:             Comment in: Br J Clin Pharmacol. 2005 Apr;59(4):486-7;
                     author reply 487-8. PubMed ID: 15801946
PUB. COUNTRY:        England: United Kingdom
DOCUMENT TYPE:       (CLINICAL TRIAL)
                     Journal; Article; (JOURNAL ARTICLE)
                     (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200412
ENTRY DATE:          Entered STN: 26 Aug 2004
                     Last Updated on STN: 20 Dec 2004
                     Entered Medline: 17 Dec 2004
ABSTRACT:
AIMS: The coadministration of subantinociceptive doses of oxycodone with
morphine has recently been shown to result in a synergistic
antinociceptive effect in rats.  The present study was aimed to investigate the
possibility that coadministration of morphine and oxycodone can produce a
similar synergistic effect in humans exposed to an experimental model
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of cold pressor test (CPT). METHODS: The enriched enrollment design was used to exclude 'stoic' and 'placebo responders' in a single-blind fashion. 'Nonstoic', placebo 'nonresponder' female volunteers (n = 30) were randomly assigned to receive 0.5 mg kg(-1) oral morphine sulphate, 0.5 mg kg(-1) oral oxycodone hydrochloride, and the combination of 0.25 mg kg(-1) morphine sulphate with 0.25 mg kg(-1) oxycodone hydrochloride, 1 week apart from each other, in a double-blind crossover design. Latency to pain onset (threshold), pain intensity (VAS), and pain tolerance (time until removal of the hand from the water) were measured six times over a 3-h period, subsequent to the administration of each medication, and were used to assess their antinociceptive effect. RESULTS: The combination produced a significantly higher effect on latency to pain onset than that of morphine alone [difference in mean postbaseline value 2.2; 95% confidence interval (CI) 0.48, 3.9; P = 0.01] but the effect was nonsignificantly smaller that that of oxycodone alone. Similarly, the effect of the combination on pain tolerance was significantly larger than that of morphine alone (combination difference 8.4; 95% CI 2.5, 14.3; P = 0.007), whereas oxycodone alone caused a nonsignificantly larger effect than that of the combination treatment. Comparisons of pain magnitude failed to show any significant differences between the three treatments. CONCLUSIONS: These results indicate that at the doses tested, morphine and oxycodone do not produce synergistic antinociceptive effects in healthy humans exposed to the CPT.

CONTROLLED TERM: Check Tags: Female
Adolescent
Adult
*Analgesics, Opioid: AD, administration & dosage
*Cold
Cross-Over Studies
Double-Blind Method
Drug Combinations
Drug Synergism
Humans
*Morphine: AD, administration & dosage
*Oxycodone: AD, administration & dosage
*Pain: PC, prevention & control
Research Support, Non-U.S. Gov't

CAS REGISTRY NO.: 57-27-2 (Morphine); 76-42-6 (Oxycodone)

CHEMICAL NAME: 0 (Analgesics, Opioid); 0 (Drug Combinations)

L218 ANSWER 4 OF 19 MEDLINE on STN

ACCESSION NUMBER: 2003606935 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 14557360

TITLE: Opioid interactions in rhesus monkeys: effects of delta + mu and delta + kappa agonists on schedule-controlled responding and thermal nociception.

AUTHOR: Stevenson Glenn W; Folk John E; Linsenmayer David C; Rice Kenner C; Negus S Stevens

CORPORATE SOURCE: Alcohol and Drug Abuse Research Center, Harvard Medical School, McLean Hospital, 115 Mill St., Belmont, MA 02478-9106, USA.

CONTRACT NUMBER: P01-DA14528 (NIDA)
R01-DA11460 (NIDA)
T32-DA07252 (NIDA)

SOURCE: The Journal of pharmacology and experimental therapeutics, (2003 Dec) Vol. 307, No. 3, pp. 1054-64. Electronic Publication: 2003-10-13.
Journal code: 0376362. ISSN: 0022-3565.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200401

ENTRY DATE: Entered STN: 24 Dec 2003
Last Updated on STN: 30 Jan 2004
Entered Medline: 29 Jan 2004

ABSTRACT:
Agonists at delta, mu, and kappa opioid receptors produce interacting effects in rodents and nonhuman primates. To further evaluate the determinants of these interactions, this study examined the effects of mixtures of delta + mu and delta + kappa agonists in rhesus monkeys (n = 4-5) using two behavioral procedures, an assay of schedule-controlled responding for food reinforcement and an assay of thermal nociception. Results were analyzed using dose-addition analysis. In the assay of schedule-controlled responding, the delta agonist (+)-4-[(alphaR)-alpha-((2S,5R)-4-allyl-2,5-dimethyl-1-piperazinyl)-3-methoxybenzyl]-N,N-diethyl-benzamide (SNC80); the mu agonists methadone, fentanyl, morphine, and nalbuphine; and the kappa agonists (5alpha,7alpha,8beta)-(-)-N-methyl-N-(7-(1-pyrrolidinyl)-1-oxaspiro(4,5)dec-8-yl) benzeneacetamide (U69,593) and bremazocine all dose dependently decreased rates of food-maintained responding when administered alone. Fixed ratio mixtures of SNC80 + mu agonists produced additive or subadditive effects, whereas SNC80 + kappa agonist mixtures produced only additive effects. In the assay of thermal nociception, SNC80 produced no measurable effects when administered alone, whereas mu and kappa agonists produced dose-dependent antinociception. SNC80 + mu agonist mixtures produced supereadditive effects manifested as leftward shifts in mu agonist dose-effect curves. This synergism was antagonized by the delta-selective antagonist naltrindole, suggesting that SNC80-induced enhancement of mu agonist antinociception was delta receptor-mediated. SNC80 did not enhance the antinociceptive effects of the highly selective kappa agonist U69,593, and it produced only a marginal enhancement of antinociception produced by the less selective kappa agonist bremazocine. These results suggest that delta agonists may selectively enhance the antinociceptive effects of mu agonists in rhesus monkeys. These results also confirm that opioid agonist interactions may depend on the receptor selectivity and relative doses of the agonists and on the experimental endpoint.

CONTROLLED TERM: Check Tags: Male
*Analgesics, Opioid: PD, pharmacology
Animals
Benzamides: PD, pharmacology
Benzeneacetamides: PD, pharmacology
Benzomorphans: PD, pharmacology
*Conditioning, Operant: DE, drug effects
Dose-Response Relationship, Drug
Drug Interactions
Heat
Macaca mulatta
*Naltrexone: AA, analogs & derivatives
Naltrexone: PD, pharmacology
Narcotic Antagonists: PD, pharmacology
*Pain: PX, psychology
Piperazines: PD, pharmacology
Pyrrolidines: PD, pharmacology
*Receptors, Opioid, delta: AG, agonists
*Receptors, Opioid, kappa: AG, agonists
*Receptors, Opioid, mu: AG, agonists
Reinforcement Schedule
Research Support, U.S. Gov't, P.H.S.

CAS REGISTRY NO.: 111555-53-4 (naltrindole); 156727-74-1 (4-(alpha-(4-allyl-2,5-dimethyl-1-piperazinyl)-3-methoxybenzyl)-N,N-diethylbenzamide); 16590-41-3 (Naltrexone); 75684-07-0 (bremazocine); 96744-75-1 (U 69593)

CHEMICAL NAME: 0 (Analgesics, Opioid); 0 (Benzamides); 0 (Benzeneacetamides); 0 (Benzomorphans); 0 (Narcotic Antagonists); 0 (Piperazines); 0 (Pyrrolidines); 0 (Receptors, Opioid, delta); 0 (Receptors, Opioid, kappa); 0 (Receptors, Opioid, mu)

L218 ANSWER 5 OF 19 MEDLINE on STN

ACCESSION NUMBER: 2000107229 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 10640321

TITLE: The antitussive activity of delta-opioid receptor stimulation in guinea pigs.

AUTHOR: Kotzer C J; Hay D W; Dondio G; Giardina G; Petrillo P; Underwood D C

CORPORATE SOURCE: Department of Pulmonary Pharmacology, SmithKline Beecham Pharmaceuticals, King of Prussia, Pennsylvania, USA.

SOURCE: The Journal of pharmacology and experimental therapeutics, (2000 Feb) Vol. 292, No. 2, pp. 803-9.
Journal code: 0376362. ISSN: 0022-3565.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200002

ENTRY DATE: Entered STN: 9 Mar 2000
Last Updated on STN: 9 Mar 2000
Entered Medline: 22 Feb 2000

ABSTRACT:
In this study, the activity of the delta-opioid receptor subtype-selective agonist, SB 227122, was investigated in a guinea pig model of citric acid-induced cough. Parenteral administration of selective agonists of the delta-opioid receptor (SB 227122), mu-opioid receptor (codeine and hydrocodone), and kappa-opioid receptor (BRL 52974) produced dose-related inhibition of citric acid-induced cough with ED(50) values of 7.3, 5.2, 5.1, and 5.3 mg/kg, respectively. The nonselective opioid receptor antagonist, naloxone (3 mg/kg, i.m.), attenuated the antitussive effects of codeine or SB 227122, indicating that the antitussive activity of both compounds is opioid receptor-mediated. The delta-receptor antagonist, SB 244525 (10 mg/kg, i.p.), inhibited the antitussive effect of SB 227122 (20 mg/kg, i.p.). In contrast, combined pretreatment with beta-funaltrexamine (mu-receptor antagonist; 20 mg/kg, s.c.) and norbinaltorphimine (kappa-receptor antagonist; 20 mg/kg, s.c.), at doses that inhibited the antitussive activity of mu- and kappa-receptor agonists, respectively, was without effect on the antitussive response of SB 227122 (20 mg/kg, i.p.). The sigma-receptor antagonist rimcazole (3 mg/kg, i.p.) inhibited the antitussive effect of dextromethorphan (30 mg/kg, i.p.), a sigma-receptor agonist, but not that of SB 227122. These studies provide compelling evidence that the antitussive effects of SB 227122 in this guinea pig cough model are mediated by agonist activity at the delta-opioid receptor.

CONTROLLED TERM: Check Tags: Male
Animals
CHO Cells
Cerbazoles: PD, pharmacology
Cell Line
Cloning, Organism
Codeine: PD, pharmacology
*Cough: PC, prevention & control
Cricetinae
Dextromethorphan: PD, pharmacology
Disease Models, Animal
Dose-Response Relationship, Drug

Drug Interactions
Guinea Pigs
Humans
Hydrocodone: PD, pharmacology
*Levallorphan: AA, analogs & derivatives
Levallorphan: TU, therapeutic use
Naloxone: PD, pharmacology
*Narcotic Antagonists: PD, pharmacology
Protein Binding
Pyridines: PD, pharmacology
*Pyrroles: TU, therapeutic use
Pyrrolidines: PD, pharmacology
Receptors, Opioid, delta: AG, agonists
*Receptors, Opioid, delta: DE, drug effects
*Receptors, Opioid, delta: PH, physiology
Receptors, Opioid, kappa: AG, agonists
Receptors, Opioid, kappa: DE, drug effects
Receptors, Opioid, kappa: PH, physiology
Receptors, Opioid, mu: AG, agonists
Receptors, Opioid, mu: DE, drug effects
Receptors, Opioid, mu: PH, physiology

CAS REGISTRY NO.: 125-29-1 (Hydrocodone); 125-71-3 (Dextromethorphan); 145544-79-2 (BRL 52974); 152-02-3 (Levallorphan); 465-65-6 (Naloxone); 75859-04-0 (rimcazole); 76-57-3 (Codeine)

CHEMICAL NAME: 0 (Carbazoles); 0 (Narcotic Antagonists); 0 (Pyridines); 0 (Pyrroles); 0 (Pyrrolidines); 0 (Receptors, Opioid, delta); 0 (Receptors, Opioid, kappa); 0 (Receptors, Opioid, mu); 0 (SB 227122)

L218 ANSWER 6 OF 19 MEDLINE on STN

ACCESSION NUMBER: 2000133083 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 10666549

TITLE: Co-administration of sub-antinociceptive doses of oxycodone and morphine produces marked antinociceptive synergy with reduced CNS side-effects in rats.

AUTHOR: Ross F B; Wallis S C; Smith M T

CORPORATE SOURCE: School of Pharmacy, The University of Queensland, St Lucia, Brisbane, Australia.

SOURCE: Pain, (2000 Feb) Vol. 84, No. 2-3, pp. 421-8.
Journal code: 7508686. ISSN: 0304-3959.

PUB. COUNTRY: Netherlands

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200003

ENTRY DATE: Entered STN: 27 Mar 2000
Last Updated on STN: 27 Mar 2000
Entered Medline: 16 Mar 2000

ABSTRACT:
Oxycodone and morphine are structurally related, strong opioid analgesics, commonly used to treat moderate to severe pain in humans. Although it is well-established that morphine is a mu-opioid agonist, this is not the case for oxycodone. Instead, our recent studies have shown that oxycodone appears to be a kappa-opioid agonist (Ross and Smith, 1997). In the current study, we now show that co-administration of sub-antinociceptive doses of oxycodone (putative kappa-opioid agonist) with morphine (mu-opioid agonist) to rats by both the intracerebroventricular and by systemic routes (intraperitoneal and subcutaneous), results in markedly increased (synergistic) levels of antinociception. Behaviourally, rats co-administered sub-antinociceptive doses of oxycodone and morphine were similar to control rats dosed with saline,

whereas rats that received equi-potent doses of either opioid alone, were markedly sedated. These results suggest that co-administration of sub-analgesic doses of oxycodone and morphine to patients may provide excellent pain relief with a reduction in opioid-related CNS side-effects. Controlled clinical trials in appropriate patient populations are required to evaluate this possibility.(1)

CONTROLLED TERM: Check Tags: Male
Analgesics, Opioid: AD, administration & dosage
*Analgesics, Opioid: PD, pharmacology
Animals
Behavior, Animal: DE, drug effects
Central Nervous System: DE, drug effects
Dose-Response Relationship, Drug
Drug Combinations
Drug Synergism
Injections, Intraperitoneal
Injections, Intraventricular
Injections, Subcutaneous
Morphine: AD, administration & dosage
*Morphine: PD, pharmacology
*Nociceptors: DE, drug effects
Oxycodone: AD, administration & dosage
*Oxycodone: PD, pharmacology
Rats
Rats, Sprague-Dawley
Research Support, Non-U.S. Gov't

CAS REGISTRY NO.: 57-27-2 (Morphine); 76-42-6 (Oxycodone)
CHEMICAL NAMES: 0 (Analgesics, Opioid); 0 (Drug Combinations)

L218 ANSWER 7 OF 19 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1995-21708 DRUGU T Full-text
TITLE: A pain syndrome associated with large adrenal masses in patients with lung cancer.
AUTHOR: Berger M S; Cooley M E; Abrahm J L
CORPORATE SOURCE: Univ.Pennsylvania
LOCATION: Philadelphia, Pa., USA
SOURCE: J.Pain Symptom Manage. (10, No. 2, 161-66, 1995) 2 Fig. 13 Ref.
CODEN: JPSMEU ISSN: 0885-3924
AVAIL. OF DOC.: Hematology-Oncology Division, Philadelphia VA Medical Center, University and Woodlands Avenues, Philadelphia, PA, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

Case histories are reported of 2 patients with lung cancer who had a pain syndrome caused by large adrenal metastases. Patient 1 had a poor response to radiation, controlled-release p.o. morphine and acetaminophen-oxycodone. He responded to chemotherapy with cyclophosphamide (Cytoxan), Adriamycin and vincristine (CAV). He was given hydrocortisone for orthostatic hypotension. Hip pain developed and he died. Patient 2 was treated with controlled-release p.o. morphine but pain progressed and he died. 23 Previously recorded cases were reviewed.

SECTION HEADING: T Therapeutics

CLASSIF. CODE: 43 Analgesics, NSAIDs
44 Narcotics

51 Chemotherapy - clinical

CONTROLLED TERM: ADRENAL *TR; METASTASIS *TR; ADRENOPATHY *TR; NEOPLASM *TR; PAIN *TR; LUNG *OC; SMALL-CELL *OC; LARGE-CELL *OC; NEOPLASM *OC; HYDROCORTISONE *RC; CASE-HISTORY *FT; IN-VIVO *FT; RADIOTHERAPY *FT; CONCOMITANT-DISEASE *FT; EXITUS *FT; CASES *FT
[01] MORPHINE *TR; MORPHINE *RN; ANALGESIC *FT; DEPOT *FT; P.O. *FT; PHARM.PREP. *FT; ANALGESICS *FT; NARCOTICS *FT; SEDATIVES *FT; 57-27-2 *FT; TR *FT
CAS REGISTRY NO.: 57-27-2
[02] OXYCODONE *TR; OXYCODONE *RN; COMB.PREP. *FT; P.O. *FT; ANALGESIC *FT; ANALGESICS *FT; NARCOTICS *FT; SEDATIVES *FT; 76-42-6 *FT; TR *FT
CAS REGISTRY NO.: 76-42-6
[03] PARACETAMOL *TR; PARACETAM *RN; COMB.PREP. *FT; ANALGESIC *FT; P.O. *FT; ANALGESICS *FT; ANTIPYRETICS *FT; 103-90-2 *FT; TR *FT
CAS REGISTRY NO.: 103-90-2
[04] CYCLOPHOSPHAMIDE *TR; CYTOXAN *TR; CYCLOPHOS *RN; CYTOSTATIC *FT; CYTOSTATIC-COMB. *FT; COMB. *FT; CYTOSTATICS *FT; IMMUNOSUPPRESSIVES *FT; 50-18-0 *FT; TR *FT
CAS REGISTRY NO.: 50-18-0
[05] DOXORUBICIN *TR; ADRIAMYCIN *TR; DOXORUBIC *RN; CYTOSTATIC *FT; CYTOSTATIC-COMB. *FT; COMB. *FT; ANTIBIOTICS *FT; CYTOSTATICS *FT; 23214-92-8 *FT; TR *FT
CAS REGISTRY NO.: 23214-92-8
[06] VINCRISTINE *TR; VINCRISTI *RN; CYTOSTATIC *FT; CYTOSTATIC-COMB. *FT; COMB. *FT; CYTOSTATICS *FT; 57-22-7 *FT; TR *FT
CAS REGISTRY NO.: 57-22-7
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L218 ANSWER 8 OF 19 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1993-55507 DRUGU T S Full-text
TITLE: A Risk-Benefit Appraisal of Injectable NSAIDs in the Management of Postoperative Pain.
AUTHOR: Nuutinen L S; Laitinen J O; Salomaki T E
LOCATION: Kuopio, Oulu, Finland
SOURCE: Drug Safety (9, No. 5, 380-93, 1993) 3 Tab. 124 Ref.
ISSN: 0114-5916
AVAIL. OF DOC.: Department of Anaesthesiology, University Hospital, P.O.B 1777, SF-70211 Kuopio, Finland.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

Injectable NSAIDs in the management of postoperative pain are reviewed, with reference to their mode of action, the use of indometacin (IN), diclofenac (DI), ketorolac (KE) and other NSAIDs for acute pain, the adverse effects of NSAIDs on the GI system, coagulation and renal and other adverse effects. Somnolence, dry mouth and GI effects are the commonest adverse events with KE. Interactions occur between NSAIDs and anticoagulants, diuretics, beta-blockers and lithium. Parenteral NSAIDs, particularly IN, DI and KE, have a clear role in the management of postoperative pain. Their efficacy is well proved in orthopedic surgery. Their use is contraindicated in patients with a history of

asthma , allergy, renal pathology or peptic ulceration.

SECTION HEADING: T Therapeutics
S Adverse Effects

CLASSIF. CODE: 35 Adverse Reactions
43 Analgesics, NSAIDs
44 Narcotics
66 Drug Interactions
69 Reviews

CONTROLLED TERM: PAIN *TR; POSTOPERATIVE *TR; IN-VIVO *FT; CASES *FT; INJECTION *FT; ANTIINFLAMMATORY *FT; REVIEW *FT; RISK-FACTOR *FT
[01] ANTIINFLAMMATORIES *FT; MAIN-TOPIC *FT; TR *FT; AE *FT; DI *FT
[02] INDOMETACIN *TR; INDOMETACIN *AE; DICLOFENAC *AE; DICLOFENAC *TR; KETOROLAC *TR; KETOROLAC *AE; INDOMETACIN *DI; DICLOFENAC *DI; KETOROLAC *DI; OXYCODONE *TR; PETHIDINE *TR; FENTANYL *TR; MORPHINE *TR; PAPAVERETUM *TR; MORPHINE *AE; ASPIRIN-LYSINE-SALT *TR; KETOPROFEN *TR; INDOPROFEN *TR; TENOXICAM *TR; PIROXICAM *AE; OXYCODONE *AE; FENTANYL *AE; ASPIRIN *AE; ALFENTANIL *AE; MODE-OF-ACT. *FT; ORTHOPEDICS *FT; SURGERY *FT; CONTRAINDICATION *FT; DRUG-COMPARISON *FT; I.V. *FT; INJECTION *FT; TR *FT; AE *FT; DI *FT
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L218 ANSWER 9 OF 19 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 1991-28479 DRUGU S Full-text
TITLE: A Prospective Study of Hospital Admissions Due to Drug Reactions.
AUTHOR: Larmour I; Dolphin R G; Baxter H; Morrison S; Hooke D H; McGrath B P
LOCATION: Melbourne, Australia
SOURCE: Aust.J.Hosp.Pharm., (21, No. 2, 90-95, 1991) 2 Fig. 4 Tab. 14 Ref.
CODEN: AUHPAI ISSN: 0310-6810
AVAIL. OF DOC.: Manager of Pharmaceutical Services, Monash Medical Center, Prince Henry's Hospital, St. Kilda Road, Melbourne, Vic. 3004, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

67 Drugs were implicated in adverse drug reactions (ADRs) in 136/5623 hospital admissions (2.4%) in a 6-mth prospective study. Drugs included piroxicam, diclofenac, indomethacin, diflunisal, ketoprofen, naproxen, cimetidine, doxycycline, warfarin, aspirin, dipyridamole, hydralazine, cyclopenthiazide, atenolol, metoprolol, digoxin, amiodarone, verapamil, nifedipine, chlorothiazide, methyldopa, theophylline, allopurinol, ranitidine, methotrexate, glibenclamide, metformin, prochlorperazine, oxycodone, bromocriptine, thioridazine, naproxen, bleomycin, promethazine, morphine, allopurinol, co-trimoxazole, (trimethoprim + sulfamethoxazole), cyclophosphamide. Most ADRs were GI bleeding and cardiovascular complications;

5 were fatal.

SECTION HEADING: S Adverse Effects

CLASSIF. CODE: 18 Hematological
35 Adverse Reactions
43 Analgesics, NSAIDs
58 Vasoactive
66 Drug Interactions

CONTROLLED TERM: IN-VIVO *FT; CASES *FT; COMB. *FT
[01] CYCLOPHOSPHAMIDE *AE; CYCLOPHOSPHAMIDE *DI; PANCYTOPENIA *AE; MARROW-DISEASE *AE; HEMOPTYSIS *AE; HEMORRHAGE *AE; CYSTITIS *AE; BLADDER-DISEASE *AE; WARFARIN *DI; ASPIRIN *DI; CYTOSTATICS *FT; IMMUNOSUPPRESSIVES *FT; CYCLOPHOS *RN; AE *FT; DI *FT
CAS REGISTRY NO.: 50-18-0
[02] WARFARIN *DI; WARFARIN *AE; PANCYTOPENIA *AE; MARROW-DISEASE *AE; HEMOPTYSIS *AE; HEMORRHAGE *AE; CYSTITIS *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; EMESIS *AE; GASTROENTEROPATHY *AE; DEHYDRATION *AE; ANEMIA *AE; BLADDER-DISEASE *AE; TRIMETHOPRIM *DI; DOXYCYCLINE *DI; SULFAMETHOXAZOLE *DI; ASPIRIN *DI; PREDNISOLONE *DI; CIMETIDINE *DI; CYCLOPHOSPHAMIDE *DI; RODENTICIDES *FT; ANTICOAGULANTS *FT; WARFARIN *RN; DI *FT; AE *FT
CAS REGISTRY NO.: 5543-58-8
[03] ASPIRIN *DI; ASPIRIN *AE; PANCYTOPENIA *AE; MARROW-DISEASE *AE; HEMOPTYSIS *AE; HEMORRHAGE *AE; CYSTITIS *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; BLADDER-DISEASE *AE; DICLOFENAC *DI; DIFLUNISAL *DI; DIPYRIDAMOLE *DI; INDOMETACIN *DI; KETOPROFEN *DI; NAPROXEN *DI; PIROXICAM *DI; WARFARIN *DI; PREDNISOLONE *DI; CYCLOPHOSPHAMIDE *DI; ANALGESICS *FT; ANTIPYRETICS *FT; ANTIRHEUMATICS *FT; ANTIAGGREGANTS *FT; PROSTAGLANDIN-ANTAGONISTS *FT; ASPIRIN *RN; DI *FT; AE *FT
CAS REGISTRY NO.: 50-78-2
[04] TRIMETHOPRIM *DI; TRIMETHOPRIM *AE; HEMATEMESIS *AE; ANEMIA *AE; CEREBROVASCULAR-DISEASE *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; EMESIS *AE; GASTROENTEROPATHY *AE; DEHYDRATION *AE; MUCOSITIS *AE; WARFARIN *DI; CIMETIDINE *DI; DOXYCYCLINE *DI; ASPIRIN *DI; PREDNISOLONE *DI; CYCLOPHOSPHAMIDE *DI; METHOTREXATE *DI; COMB.PREP. *FT; ANTISEPTICS *FT; FOLATE-ANTAGONISTS *FT; TRIMETHOP *RN; DI *FT; AE *FT
CAS REGISTRY NO.: 738-70-5
[05] SULFAMETHOXAZOLE *AE; HEMATEMESIS *AE; ANEMIA *AE; CEREBROVASCULAR-DISEASE *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; EMESIS *AE; GASTROENTEROPATHY *AE; DEHYDRATION *AE; MUCOSITIS *AE; WARFARIN *DI; CIMETIDINE *DI; DOXYCYCLINE *DI; ASPIRIN *DI; PREDNISOLONE *DI; CYCLOPHOSPHAMIDE *DI; METHOTREXATE *DI; COMB.PREP. *FT; ANTISEPTICS *FT; SULMETOXA *RN; AE *FT
CAS REGISTRY NO.: 723-46-6
[06] DICLOFENAC *AE; DICLOFENAC *DI; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; HEMOPTYSIS *AE; HEMORRHAGE *AE; ASPIRIN *DI; ANTIINFLAMMATORIES *FT; ANALGESICS *FT; PROSTAGLANDIN-ANTAGONISTS *FT; DICLOFENC *RN; AE *FT; DI *FT

CAS REGISTRY NO.: 15307-86-5
[07] BLEOMYCIN *AE; PULMONARY-FIBROSIS *AE; PNEUMOPATHY *AE; NEUTROPENIA *AE; MARROW-DISEASE *AE; THROMBOCYTOPENIA *AE; ANTIBIOTICS *FT; CYTOSTATICS *FT; BLEOMYCIN *RN; AE *FT

CAS REGISTRY NO.: 11056-06-7
[08] NAPROXEN *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; PROSTAGLANDIN-ANTAGONISTS *FT; ANTIINFLAMMATORIES *FT; ANALGESICS *FT; ANTIPYRETICS *FT; NAPROXEN *RN; AE *FT

CAS REGISTRY NO.: 22204-53-1
[09] DIGOXIN *DI; DIGOXIN *AE; BRADYCARDIA *AE; ANOREXIA *AE; HEART-BLOCK *AE; ARRHYTHMIA *AE; CARDIOPATHY *AE; AMIODARONE *DI; VERAPAMIL *DI; ATENOLOL *DI; NIFEDIPINE *DI; CARDIOGLYCOSIDES *FT; CARDIANTS *FT; DIGOXIN *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 20830-75-5
[10] CIMETIDINE *AE; CIMETIDINE *DI; HEMATEMESIS *AE; ANEMIA *AE; CEREBROVASCULAR-DISEASE *AE; WARFARIN *DI; TRIMETHOPRIM *DI; SULFAMETHOXAZOLE *DI; ANTIHISTAMINES-H2 *FT; ANTIULCERS *FT; GASTRIC-SECRETION-INHIBITORS *FT; CIMETIDIN *RN; AE *FT; DI *FT

CAS REGISTRY NO.: 51481-61-9
[11] AMIODARONE *DI; AMIODARONE *AE; BRADYCARDIA *AE; ARRHYTHMIA *AE; CARDIOPATHY *AE; ANOREXIA *AE; DIGOXIN *DI; VERAPAMIL *DI; CALCIUM-ANTAGONISTS *FT; CARDIANTS *FT; ANTIARRHYTHMICS *FT; AMIODARON *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 1951-25-3
[12] VERAPAMIL *DI; VERAPAMIL *AE; ARRHYTHMIA *AE; CARDIOPATHY *AE; ANOREXIA *AE; DIGOXIN *DI; AMIODARONE *DI; CARDIANTS *FT; CALCIUM-ANTAGONISTS *FT; VERAPAMIL *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 52-53-9
[13] ATENOLOL *DI; ATENOLOL *AE; HEART-BLOCK *AE; ARRHYTHMIA *AE; CARDIOPATHY *AE; DIGOXIN *DI; NIFEDIPINE *DI; SYMPATHOLYTICS-BETA *FT; HYPOTENSIVES *FT; ATENOLOL *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 29122-68-7
[14] NIFEDIPINE *DI; NIFEDIPINE *AE; BRADYCARDIA *AE; ARRHYTHMIA *AE; CARDIOPATHY *AE; DIGOXIN *DI; ATENOLOL *DI; CARDIANTS *FT; CALCIUM-ANTAGONISTS *FT; NIFEDIPIN *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 21829-25-4
[15] METHYLDOPA *DI; METHYLDOPA *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; CHLOROTHIAZIDE *DI; VERAPAMIL *DI; CHLORPROMAZINE *DI; HYDRALAZINE *DI; HYPOTENSIVES *FT; SYMPATHOMIMETICS-ALPHA *FT; METHYLDOP *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 555-30-6
[16] CHLOROTHIAZIDE *DI; CHLOROTHIAZIDE *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; METHYLDOPA *DI; VERAPAMIL *DI; CHLORPROMAZINE *DI; CARBONIC-ANHYDRASE-INHIBITORS *FT; DIURETICS *FT; HYPOTENSIVES *FT; CHLOROTHI *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 58-94-6
[17] CHLORPROMAZINE *DI; CHLORPROMAZINE *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; METHYLDOPA *DI; CHLOROTHIAZIDE *DI; VERAPAMIL *DI; HYDRALAZINE *DI; PSYCHOSEDATIVES *FT; NEUROLEPTICS *FT; SEDATIVES *FT; DOPAMINE-ANTAGONISTS *FT; CALMODULIN-ANTAGONISTS *FT; CHLORPROM *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 50-53-3

[18] HYDRALAZINE *DI; HYDRALAZINE *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; METHYLDOPA *DI; VERAPAMIL *DI; CHLORPROMAZINE *DI; METOPROLOL *DI; CYCLOPENTHIAZIDE *DI; HYPOTENSIVES *FT; HYDRALAZI *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 86-54-4
[19] CYCLOPENTHIAZIDE *DI; CYCLOPENTHIAZIDE *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; METOPROLOL *DI; HYDRALAZINE *DI; DIURETICS *FT; HYPOTENSIVES *FT; CYPENTHIA *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 742-20-1
[20] DIFLUNISAL *DI; DIFLUNISAL *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; PIROXICAM *DI; ANALGESICS *FT; ANTIINFLAMMATORIES *FT; ANTIPYRETICS *FT; PROSTAGLANDIN-ANTAGONISTS *FT; DIFLUNISA *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 22494-42-4
[21] PIROXICAM *DI; PIROXICAM *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; DIFLUNISAL *DI; ANTIINFLAMMATORIES *FT; PROSTAGLANDIN-ANTAGONISTS *FT; PIROXICAM *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 36322-90-4
[22] METOPROLOL *DI; METOPROLOL *AE; ORTHOSTATIC *AE; HYPOTENSION *AE; VASCULAR-DISEASE *AE; PERIPHERAL-NERVE-DISEASE *AE; CYCLOPENTHIAZIDE *DI; HYDRALAZINE *DI; SYMPATHOLYTICS-BETA *FT; METOPROLO *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 37350-58-6
[23] DIPYRIDAMOLE *DI; DIPYRIDAMOLE *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; ASPIRIN *DI; CARDIANTS *FT; CALCIUM-ANTAGONISTS *FT; ANTIAGREGANTS *FT; PHOSPHODIESTERASE-INHIBITORS *FT; DIPYRIDAM *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 58-32-2
[24] INDOMETACIN *DI; INDOMETACIN *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ASPIRIN *DI; ANTIINFLAMMATORIES *FT; ANTIPYRETICS *FT; ANTIRHEUMATICS *FT; PROSTAGLANDIN-ANTAGONISTS *FT; INDOMETAC *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 53-86-1
[25] KETOPROFEN *DI; KETOPROFEN *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; ASPIRIN *DI; ANTIINFLAMMATORIES *FT; ANALGESICS *FT; PROSTAGLANDIN-ANTAGONISTS *FT; KETOPROFE *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 22071-15-4
[26] DOXYCYCLINE *DI; DOXYCYCLINE *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; EMESIS *AE; GASTROENTEROPATHY *AE; DEHYDRATION *AE; WARFARIN *DI; TRIMETHOPRIM *DI; SULFAMETHOXAZOLE *DI; ANTIBIOTICS *FT; DOXYCYCLI *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 564-25-0
[27] PREDNISOLONE *DI; PREDNISOLONE *AE; HEMATEMESIS *AE; MELENA *AE; GASTROENTEROPATHY *AE; HEMORRHAGE *AE; ANEMIA *AE; WARFARIN *DI; ASPIRIN *DI; CORTICOSTEROIDS *FT; PDNISOLON *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 50-24-8
[28] THEOPHYLLINE *DI; THEOPHYLLINE *AE; NAUSEA *AE; EMESIS *AE; GASTROENTEROPATHY *AE; DEHYDRATION *AE; ALLOPURINOL *DI; RANITIDINE *DI; BRONCHODILATORS *FT; VASODILATORS *FT; CARDIANTS *FT; DIURETICS *FT; ANTIASTHMATICS *FT; PHOSPHODIESTERASE-INHIBITORS *FT; THEOPHYLL *RN; DI *FT; AE

*FT
[29] ALLOPURINOL *DI; ALLOPURINOL *AE; NAUSEA *AE; EMESIS *AE; GASTROENTEROPATHY *AE; THEOPHYLLINE *DI; ANTIGOUTS *FT; ANTIRHEUMATICS *FT; ALLOPURIN *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 315-30-0
[30] RANITIDINE *DI; RANITIDINE *AE; ANOREXIA *AE; NAUSEA *AE; EMESIS *AE; GASTROENTEROPATHY *AE; THEOPHYLLINE *DI; ANTIHISTAMINES-H2 *FT; ANTIULCERS *FT; GASTRIC-SECRETION-INHIBITORS *FT; RANITIDIN *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 66357-35-5
[31] METHOTREXATE *DI; METHOTREXATE *AE; MUCOSITIS *AE; TRIMETHOPRIM *DI; SULFAMETHOXAZOLE *DI; CYTOSTATICS *FT; METHOTREX *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 59-05-2
[32] GLIBENCLAMIDE *DI; GLIBENCLAMIDE *AE; HYPOGLYCEMIA *AE; CARBOHYDRATE-METAB.DISORDER *AE; CONFUSION *AE; MENTAL-DISORDER *AE; METFORMIN *DI; ANTIDIABETICS *FT; GLIBENCLA *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 10238-21-8
[33] METFORMIN *DI; METFORMIN *AE; HYPOGLYCEMIA *AE; CARBOHYDRATE-METAB.DISORDER *AE; CONFUSION *AE; MENTAL-DISORDER *AE; GLIBENCLAMIDE *DI; ANTIDIABETICS *FT; METFORMIN *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 657-24-9
[34] PROMETHAZINE *DI; PROMETHAZINE *AE; DYSTONIA *AE; MYOPATHY *AE; EXTRAPYRAMIDAL-DISORDER *AE; ENCEPHALOPATHY *AE; PROCHLORPERAZINE *DI; ANTIHISTAMINES-H1 *FT; SEDATIVES *FT; PROMETHAZ *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 60-87-7
[35] PROCHLORPERAZINE *DI; PROCHLORPERAZINE *AE; DYSTONIA *AE; MYOPATHY *AE; EXTRAPYRAMIDAL-DISORDER *AE; ENCEPHALOPATHY *AE; PROMETHAZINE *DI; PSYCHOSEDATIVES *FT; NEUROLEPTICS *FT; ANTIEMETICS *FT; DOPAMINE-ANTAGONISTS *FT; PROCHLORP *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 58-38-8
[36] MORPHINE *DI; MORPHINE *AE; CONFUSION *AE; MENTAL-DISORDER *AE; DROWSINESS *AE; OXYCODONE *DI; ANALGESICS *FT; NARCOTICS *FT; SEDATIVES *FT; MORPHINE *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 57-27-2
[37] OXYCODONE *DI; OXYCODONE *AE; CONFUSION *AE; MENTAL-DISORDER *AE; DROWSINESS *AE; MORPHINE *DI; ANALGESICS *FT; NARCOTICS *FT; SEDATIVES *FT; OXYCODONE *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 76-42-6
[38] BROMOCRIPTINE *DI; BROMOCRIPTINE *AE; CONFUSION *AE; MENTAL-DISORDER *AE; DROWSINESS *AE; THIORIDAZINE *DI; ANTIPARKINSONIANS *FT; PROLACTIN-ANTAGONISTS *FT; DOPAMINERGICS *FT; BROMOCRIP *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 25614-03-3
[39] THIORIDAZINE *DI; THIORIDAZINE *AE; CONFUSION *AE; MENTAL-DISORDER *AE; DROWSINESS *AE; BROMOCRIPTINE *DI; PSYCHOSEDATIVES *FT; NEUROLEPTICS *FT; DOPAMINE-ANTAGONISTS *FT; CALMODULIN-ANTAGONISTS *FT; THIORIDAZ *RN; DI *FT; AE *FT

CAS REGISTRY NO.: 50-52-2
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L218 ANSWER 10 OF 19 DRUGU COPYRIGHT 2006 THE THOMSON CORP on STN

ACCESSION NUMBER: 1988-10343 DRUGU T P S Full-text
TITLE: Pain and Analgesics.
AUTHOR: Kurz H von
LOCATION: Munich, Germany, West
SOURCE: Dtsch.Apoth.Ztg. (127, No. 52-53, 2747-57, 1987) 6 Fig. 10 Tab. 20 Ref.
CODEN: DAZEA2 ISSN: 0011-9857
AVAIL. OF DOC.: Walther-Straub-Institut fuer Pharmakologie und Toxikologie Nussbaumstrasse 26, 8000 Muenchen 2, West Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal

ABSTRACT:

The use of analgesics in the relief of pain is reviewed with reference to the opioids and NSAID, their indications, mechanism of activity, pharmacokinetics, dosage, side effects and interactions with other drugs. Agents that can elicit attacks of asthma, that interact with salicylates and that can be present in analgesic combinations without having analgesic properties are listed. The most serious dangers of using opioids are respiratory paralysis after high doses of addiction following chronic use. NSAID have few side effects when taken sensibly, though they can occasionally induce asthma , Lyell's syndrome and possibly Reye's syndrome.

SECTION HEADING: T Therapeutics
P Pharmacology
S Adverse Effects

CLASSIF. CODE: 8 Pharmacokinetics
35 Adverse Reactions
43 Analgesics, NSAIDs
44 Narcotics
66 Drug Interactions
69 Reviews

CONTROLLED TERM:
[01] PAIN *TR; ANALGESIC *FT; REVIEW *FT; CASES *FT; IN-VIVO *FT ANALGESICS *FT; MAIN-TOPIC *FT; TR *FT; PH *FT; DM *FT; AE *FT; DI *FT
[02] PHENACETIN *AE; PHENACETIN *PH; PHENACETIN *DI; PARACETAMOL *TR; PARACETAMOL *PH; PARACETAMOL *DM; PARACETAMOL *DI; PARACETAMOL *AE; BUCETIN *TR; BUCETIN *DI; BUCETIN *DM; BUCETIN *AE; BUCETIN *PH; PROPYPHENAZONE *TR; PROPYPHENAZONE *AE; ISOPYRIN *PH; ISOPROPYLAMINOPHENAZONE *PH; PROPYPHENAZONE *DI; PROPYPHENAZONE *DM; PROPYPHENAZONE *PH; PHENAZONE *TR; PHENAZONE *AE; PHENAZONE *DM; PHENAZONE *DI; PHENAZONE *PH; ISOPYRIN *TR; ISOPROPYLAMINOPHENAZONE *TR; ISOPYRIN *AE; ISOPROPYLAMINOPHENAZONE *AE; ISOPYRIN *DM; ISOPROPYLAMINOPHENAZONE *DM; ISOPYRIN *DI; ISOPROPYLAMINOPHENAZONE *DI; METAMIZOLE *TR; METAMIZOLE *PH; METAMIZOLE *DI; METAMIZOLE *DM; METAMIZOLE *AE; IBUPROFEN *TR; IBUPROFEN *PH; IBUPROFEN *DM; IBUPROFEN *AE; IBUPROFEN *DI; AZAPROPAZONE *AE; DICLOFENAC *AE; TR *FT; AE *FT; PH *FT; DI *FT; DM *FT
[03] SALICYLATE *DM; SALICYLATE *AE; SALICYLATE *DI; ASPIRIN *TR; ASPIRIN *AE; ASPIRIN *PH; ASPIRIN *DM; ASPIRIN *DI; SALICYLAMIDE *TR; SALICYLAMIDE *PH; SALICYLAMIDE *AE; SALICYLAMIDE *DM; SALICYLAMIDE *DI; ETHENZAMIDE *TR; ETHENZAMIDE *AE; ETHENZAMIDE *PH; ETHENZAMIDE *DI;

ETHENZAMIDE *DM; SALACETAMIDE *TR; SALACETAMIDE *PH; SALACETAMIDE *DI; SALACETAMIDE *DM; SALACETAMIDE *AE; BENORILATE *TR; BENORILATE *DM; BENORILATE *AE; BENORILATE *DI; BENORILATE *PH; DIFLUNISAL *TR; DIFLUNISAL *PH; DIFLUNISAL *AE; DIFLUNISAL *DI; DIFLUNISAL *DM; PHENACETIN *TR; PHENACETIN *DM; TR *FT; AE *FT; PH *FT; DM *FT; DI *FT

[04] LEVOMETHADONE *PH; NEFOPAM *TR; NEFOPAM *AE; NEFOPAM *DI; NEFOPAM *DM; NEFOPAM *PH; OXYCODONE *TR; OXYCODONE *DI; OXYCODONE *DM; OXYCODONE *PH; OXYCODONE *AE; PENTAZOCINE *PH; PENTAZOCINE *TR; PENTAZOCINE *AE; PENTAZOCINE *DI; PENTAZOCINE *DM; PETHIDINE *TR; PETHIDINE *AE; PETHIDINE *PH; PETHIDINE *DI; PETHIDINE *DM; PIRITRAMIDE *TR; PIRITRAMIDE *AE; PIRITRAMIDE *DM; PIRITRAMIDE *DI; PIRITRAMIDE *PH; TILIDINE *TR; TILIDINE *AE; TILIDINE *PH; TILIDINE *DI; TILIDINE *DM; TRAMADOL *TR; TRAMADOL *AE; TRAMADOL *PH; TRAMADOL *DI; TRAMADOL *DM; SALICYLATE *TR; DIACETYLMORPHINE *TR; DIACETYLMORPHINE *DM; DIACETYLMORPHINE *PH; DIACETYLMORPHINE *DM; DIACETYLMORPHINE *DI; SALICYLATE *PH; TR *FT; PH *FT; DI *FT; AE *FT; DM *FT

[05] BUPRENORPHINE *TR; CODEINE *TR; DEXTROPROPOXYPHENE *TR; BUPRENORPHINE *DI; CODEINE *DI; DEXTROPROPOXYPHENE *DI; BUPRENORPHINE *DM; CODEINE *DM; DEXTROPROPOXYPHENE *DM; BUPRENORPHINE *PH; CODEINE *PH; DEXTROPROPOXYPHENE *PH; BUPRENORPHINE *AE; CODEINE *AE; DEXTROPROPOXYPHENE *AE; DEXTROMORAMIDE *TR; FENTANYL *TR; HYDROMORPHONE *TR; MORPHINE *TR; DEXTROMORAMIDE *PH; FENTANYL *PH; HYDROMORPHONE *AE; MORPHINE *PH; DEXTROMORAMIDE *DM; FENTANYL *DM; HYDROMORPHONE *DM; MORPHINE *AE; DEXTROMORAMIDE *DI; FENTANYL *AE; HYDROMORPHONE *DI; MORPHINE *DM; DEXTROMORAMIDE *AE; FENTANYL *DI; HYDROMORPHONE *PH; MORPHINE *DI; LEVOMETHADONE *TR; LEVOMETHADONE *DM; LEVOMETHADONE *AE; LEVOMETHADONE *DI; TR *FT; PH *FT; AE *FT; DM *FT; DI *FT

[06] FENOPROFEN *AE; FLUPENAMATE *AE; FLURBIPROFEN *AE; INDOMETACIN *AE; KETOPROFEN *AE; NAPROXEN *AE; NIFENAZONE *AE; NIFLUMATE *AE; OXYPHENBUTAZONE *AE; PHENYLBUTAZONE *AE; PIROXICAM *AE; TOLMETIN *AE; IRON-SALT *DI; HEPARIN *DI; CUMARIN *DI; PROBENECID *DI; SULFINPYRAZONE *DI; ACLOFENAC *AE; AMINOPHENAZONE *AE; LACTYLPHENETIDINE *TR; LACTYLPHENETIDINE *AE; LACTYLPHENETIDINE *PH; LACTYLPHENETIDINE *DI; LACTYLPHENETIDINE *DM; METENAMATE *AE; TR *FT; AE *FT; PH *FT; DI *FT; DM *FT

FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L218 ANSWER 11 OF 19 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2006:1124928 CAPLUS Full-text
DOCUMENT NUMBER: 145:443952
TITLE: Compositions comprising aminergic compounds and complement compounds, such as ascorbates, cysteines, opioids, resveratrols, and polycarboxylic acid chelators
INVENTOR(S): Dillon, Patrick F.; Root-Bernstein, Robert S.

PATENT ASSIGNEE(S): Board of Trustees of Michigan State University, USA
SOURCE: PCT Int. Appl., 71pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 3
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2006113485	A2	20061026	WO 2006-US14165	20060414

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: US 2005-672224P P 20050415
US 2005-706249P P 20050805
US 2005-738294P P 20051118

ED Entered STN: 27 Oct 2006

AB Pharmaceutical compns. and method using aminergic compds. and complement compds. are provided comprising: (a) a subefficacious amount of a non-adrenergic aminergic compound or of an adrenergic antagonist; and (b) a safe and effective amount of a complement compound. Methods are also provided comprising the administration of: (a) a low dose of a non-adrenergic aminergic compound or any adrenergic antagonist; and (b) a safe and effective amount of a complement compound. Non-adrenergic aminergic compds. can comprise a histaminergic, dopaminergic, muscarinergic, serotoninergic, octopaminergic, or trace aminergic compound. Complement compds. include ascorbates, opioids, polycarboxylic acid chelators, resveratrols, cysteines, substituted derivs. and analogs thereof, and mixts. thereof. Preferred complements include ascorbates, particularly ascorbic acid. Methods include the treatment of neurol. and neural disorders; mood and behavior disorders; cardiac, vascular, and cardiovascular disorders; hypertension, headache; respiratory disorders; gastrointestinal disorders; obesity; asthma, allergy; smooth muscle contraction disorders; nasal or nasopharyngeal conditions; genitourinary disorders; ocular disorders, glaucoma; and hormone- or neurotransmitter-release or -secretion disorders.

IT Bronchi, disease
Inflammation
(bronchitis; compns. comprising aminergic compound and complement compound for treatment of various disorders)

IT Lung, disease
(chronic obstructive pulmonary disease; compns. comprising aminergic compound and complement compound for treatment of various disorders)

IT 5-HT agonists
5-HT antagonists
Allergy
Alzheimer's disease
Antihistamines
Asthma
Bladder, disease

Blood vessel, disease
Cardiovascular system, disease
Chelating agents
Combination chemotherapy
Common cold
Digestive tract, disease
Dopamine agonists
Dopamine antagonists
Emphysema
Epilepsy
Eye, disease
Glaucoma (disease)
Headache
Heart, disease
Human
Hypertension
Influenza
Mental and behavioral disorders
Motion sickness
Mouth, disease
Movement disorders
Muscarinic agonists
Muscarinic antagonists
Nervous system, disease
Nose, disease
Obesity
Parkinson's disease
Prostate gland, disease
Respiratory system, disease
Salivary gland, disease
Schizophrenia
Sexual disorders
Sleep disorders
Urticaria
Vasoconstriction
α-Adrenoceptor antagonists
β-Adrenoceptor antagonists
(compns. comprising aminergic compound and complement compound for treatment of various disorders)

IT Drug interactions
(synergistic; compns. comprising aminergic compound and complement compound for treatment of various disorders)

IT 50-53-3, biological studies 50-55-5, Reserpine 50-60-2, Phentolamine 50-67-9D, 5-Hydroxytryptamine, derivs. 50-81-7D, Ascorbic acid, analogs and derivs. 51-34-3, Scopolamine 51-45-6D, Histamine, derivs. 51-55-8, Atropine, biological studies 51-61-6D, Dopamine, derivs. 51-84-3D, Acetylcholine, derivs. 52-86-8, Haloperidol 52-90-4, L-Cysteine, biological studies 52-90-4D, L-Cysteine, N-(C1-18) acyl derivs. 54-80-8, Pronethalol 55-65-2, Guanethidine 57-27-2, Morphine, biological studies 57-42-1, Meperidine 58-00-4, Apomorphine 58-73-1, Diphenhydramine 59-96-1, Phenoxybenzamine 59-98-3, Tolazoline 60-00-4, EDTA, biological studies 63-75-2, Arecoline 69-23-8, Fluphenazine 70-22-4, Oxotremorine 76-41-5, Oxymorphone 76-42-6, Oxycodone 76-57-3, Codeine 76-99-3, Methadone 77-07-6, Levorphanol 82-58-6D, Lysergic acid, derivs. 86-13-5, Benztropine 92-13-7, Pilocarpine 92-84-2D, Phenothiazine, derivs. 93-65-2, 2-(2-Methyl-4-chlorophenoxy)propanoic acid 107-35-7, Taurine 107-35-7D, Taurine, N-(C1-18) acyl derivs. 110-89-4D, Piperidine, diphenylbutyl derivative 113-15-5, Ergotamine 125-28-0, Dihydrocodeine 125-29-1, Hydrocodone 125-71-3, Dextromethorphan 129-03-3,

Cyproheptadine 134-03-2, Sodium ascorbate 146-48-5, Yohimbine 155-58-8, Rhapontin 261-31-4D, Thioxanthene, derivs. 300-62-9, Amphetamine 359-83-1, Pentazocine 361-37-5 364-62-5 437-38-7, Fentanyl 458-24-2, Fenfluramine 465-65-6, Naloxone 466-99-9, Hydromorphone 469-62-5, Propoxyphene 483-04-5, Raubasine 483-10-3, Corynanthine 486-12-4, Triprolidine 490-83-5, Dehydroascorbic acid 500-65-2, Rhapontigenin 501-36-0, Resveratrol 531-12-6, Dihydroergotamine 525-66-6, Propranolol 537-42-8, Pterostilbene 561-27-3, Heroin 575-19-9 749-02-0, Spiperone 827-61-2, Aceclidine 915-30-0, Diphenoxylate 1477-40-3, Levomethadyl acetate 1977-10-2, Loxapine 2706-56-1, 2-(2-Pyridyl)ethylamine 2709-56-0, Flupentixol 2933-94-0, Toliprolol 3239-44-9, Dexfenfluramine 3576-73-6, 2-Ethyl-8-methyl-2,8-diazaspiro[4.5]decane-1,3-dione 3930-20-9, Sotalol 5741-22-0, Moprolol 5743-27-1, Calcium ascorbate 5786-21-0, Clozapine 6452-71-7, Oxprenolol 6673-35-4, Practolol 7413-36-7, Nifenalol 7433-10-5, Butidrine 8006-25-5, Ergotoxine 10083-24-6, Piceatannol 11032-41-0, Dihydroergotoxine 13523-86-9, Pindolol 13655-52-2, Alprenolol 14556-46-8, Bupranolol 15676-16-1, Sulpiride 17479-19-5, Dihydroergocristine 17692-51-2, Metergoline 18016-80-3, Lisuride 19216-56-9, Prazosin 20229-30-5, Methiothepin 20594-83-6, Nalbuphine 21489-74-7, 2-Amino-5,6-dihydroxy-1,2,3,4-tetrahydronaphthalene 22210-56-2, Ifenprodil 23694-81-7, Mepindolol 24219-97-4, Misneserin 25447-65-8, Dihydroergocornine 25447-66-9, Dihydroergocryptine 25523-97-1, Dexchlorpheniramine 25614-03-3, Bromocriptine 26839-75-8, Timolol 26844-12-2, Indoramine 27848-84-6, Nicergoline 28797-61-7, Pirenzepine 29122-68-7, Atenolol 29884-49-9, Astringin 30187-90-7, Xibenolol 34661-75-1, Urapidil 34915-68-9, Bunitrolol 34919-98-7, Cetamolol 35795-16-5, Trimazosin 36505-84-7, Buspirone 36894-69-6, Labetalol 37517-30-9, Acebutolol 38363-40-5, Penbutolol 39552-01-7, Befunolol 39563-28-5, Clorsenolol 40580-59-4, Guanadrel 42200-33-9, Nadolol 42408-82-2, Butorphanol 42438-89-1, Pinostilbene 47141-42-4, Levobunolol 50679-08-8, Terfensadine 51384-51-1, Metoprolol 51481-61-9, Cimetidine 51781-06-7, Carteolol 52485-79-7, Buprenorphine 53179-11-6, Loperamide 53648-55-8, Dezocine 53684-49-4, Bufetolol 54063-51-3, Nadoxolol 54063-53-5, Propafenone 54340-58-8, Meptazinol 54340-62-4, Bufuralol 54739-18-3, Fluvoxamine 54910-89-3, Fluoxetine 55096-26-9, Nalmefene 55273-05-7, Impromidine 55837-25-7, Bufomedil 56030-54-7 56290-94-9, Medroxalol 56980-93-9, Celiprolol 57149-07-2, Naftopidil 57460-41-0, Talinolol 57536-86-4 57775-29-8, Cerazolol 57808-66-9, Domperidone 58409-59-9, Bucumolol 58569-55-4, Met-enkephalin 58822-25-6, Leu-enkephalin 58930-32-8, Butofilolol 59170-23-9, Bevantolol 60607-68-3, Indenolol 61869-08-7, Paroxetine 62658-63-3, Bopindolol 63590-64-7, Terazosin 63659-18-7, Betaxolol 64795-35-3, Pergolide 65119-89-3, Dimaprit 66104-22-1, Pergolide 66264-77-5, Sulfinalol 66357-35-5, Ranitidine 66722-44-9, Bisoprolol 67227-56-9, Fenoldopam 68377-92-4, Arotinolol 69014-14-8, Tiotidine 69906-85-0, Cyanopindolol 70904-56-2, Kyotorphin 71119-11-4, Bucindolol 71195-58-9, Alfentanyl 72822-12-9, Dapiprazole 72956-09-3, Carvedilol 74050-98-9, Ketanserin 74135-04-9, Morphiceptin 74191-85-8, Doxazosin 75659-07-3, Dilevalol 78950-78-4 79617-96-2, Sertraline 79944-58-4, Idazoxan 80373-22-4, Quinpirole 80755-51-7, Bunazosin 80880-90-6, Telenzepine 81098-60-4, Cisapride 81147-92-4, Esmolol 81403-80-7, Alfuzosin 81447-80-5, Diprafenone 81486-22-8, Nipradilol 81801-12-9, Xamoterol 82855-09-2, Combretastatin 83366-66-9, Nefazodone 83688-84-0, Tertatolol 83928-76-1, Gepirone 85006-82-2, Dynorphin B 85136-71-6, Tilisolol 85320-68-9, Amosulalol 85650-52-8, Mirtazapine 86361-55-9, Gnetol 86880-51-5, Epanolol 87051-43-2, Ritanserin 88161-22-2, Dynorphin A 89565-68-4, Tropisetron 98224-03-4, Eltoprazine 98323-83-2, Carmoxirole 99614-02-5, Ondansetron 102203-18-9, Imetit 103628-46-2, Sumatriptan

106133-20-4, Tamsulosin 106243-16-7, Thioperamide 106266-06-2, Risperidone 107233-08-9, Cevimeline 109889-09-0, Granisetron 112108-01-7, Scopipam 115956-12-2, Dolasetron 118457-14-0, Nebivolol 121679-13-8, Naratriptan 125279-79-0, Ersentilide 131986-45-3, Xanomeline 132539-06-1, Olanzapine 133242-30-5, Landiolol 139264-17-8, Zolmitriptan 139886-32-1, Milameline 142437-67-0, Amthamine 143322-58-1, Eletriptan 144034-80-0, Rizatriptan 145231-45-4, Clobenpropit 147025-53-4, Talsaclidine 151070-83-6, Immepip 153601-03-7, Capsinolol 154323-57-6, Almotriptan 159912-53-5 170912-52-4, Donitriptan

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(compns. comprising aminergic compound and complement compound for treatment of various disorders)

L218 ANSWER 12 OF 19 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2006:322096 CAPLUS Full-text
DOCUMENT NUMBER: 144:369762
TITLE: Preparation of biphenyl derivatives and analogs thereof as canniboid raceptor ligands and methods of use
INVENTOR(S): Dolle, Roland E.; Worm, Karin; Zhou, Q. Jean
PATENT ASSIGNEE(S): Adolor Corporation, USA
SOURCE: U.S. Pat. Appl. Publ., 81 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

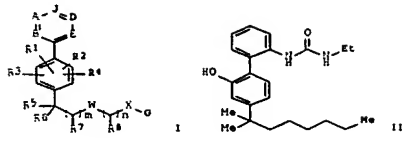
PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2006074086	A1	20060406	US 2005-242318	20051003
WO 2006041841	A1	20060420	WO 2005-US35677	20051004

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.:	US 2004-616024P	P 20041005
	US 2005-242318	A 20051003

OTHER SOURCE(S): MARPAT 144:369762
ED Entered STN: 07 Apr 2006
GI



I II

AB Title compds. I [R1-4 independently = H, alkyl, alkoxy, etc.; R5 and R6 independently = H, alkyl or taken together with the carbon atom to which they are attached to form a 3-8-membered carbocyclic or heterocyclic ring; each R7 and R8 independently = H, alkyl, halo, etc.; J = N or (un)substituted C, provided that no more than two of A, B, D, E and J are N; A, B, D and E independently = N or (un)substituted C; G = alkyl, acyl, aryl, etc.; W = bond, O, S, CH2, etc.; X = bond, O, -CH=CH-, etc.; m and n independently = 1-5], and their pharmaceutical salts, are prepared and disclosed as canniboid receptor ligands. Thus, e.g., II was prepared by Suzuki coupling of 2-aminophenylboronic acid with resin bound bromophenol derivative (preparation described). Tested compds. were found to bind to human CB1 and/or CB2 receptor with affinity ranging from 0.1-5000 nM. Further, pharmaceutical compns. containing these compds., and methods for their pharmaceutical use are disclosed. In certain embodiments, the compds. are agonists and/or ligands of cannabinoid receptors and may be useful, inter alia, for treating and/or preventing pain, gastrointestinal disorders, genitourinary disorders, inflammation, glaucoma, auto-immune diseases, ischemic conditions, immune-related disorders, and neurodegenerative diseases, for providing cardioprotection against ischemic and reperfusion effects, for inducing apoptosis in malignant cells, and as an appetite stimulant.

IT Bronchi, disease
Inflammation
(bronchitis; preparation of biphenyl derivs. and analogs thereof as cannabinoid receptor ligands)

IT Lung, disease
(chronic obstructive pulmonary disease; preparation of biphenyl derivs. and analogs thereof as cannabinoid receptor ligands)

IT Allergy
Allergy inhibitors
Alzheimer's disease
Analgesics
Anti-Alzheimer's agents
Anti-ischemic agents
Antiarrhythmics
Antiasthmatics
Antidiabetic agents
Antidiarrheals
Antiemetics
Antiglaucoma agents
Antihypertensives
Antiparkinsonian agents
Antirheumatic agents
Appetite stimulants
Asthma
Autoimmune disease

Bladder, disease
Cachexia
Celiac disease
Combination chemotherapy
Diabetes mellitus
Diarrhea
Digestive tract, disease
Eating disorders
Emphysema
Gastrointestinal agents
Glaucoma (disease)
Human
Hypertension
Immune disease
Immunomodulators
Inflammation
Ischemia
Multiple sclerosis
Myasthenia gravis
Nausea
Osteoporosis
Pain
Parkinson's disease
Psoriasis
Rheumatoid arthritis
Sjogren syndrome
Transplant and Transplantation
Urogenital system, disease
Vomiting
(preparation of biphenyl derivs. and analogs thereof as cannabinoid receptor ligands)

IT 50-48-6 57-27-2, biological studies 57-41-0 57-42-1 59-92-7, biological studies 76-41-5 76-42-6 76-57-3 76-99-3 77-07-6 125-28-0 125-29-1 298-46-4, 5H-Dibenz[b,f]azepine-5-carboxamide 359-83-1 437-38-7 466-99-9 469-62-5 768-94-5, Tricyclo[3.3.1.13,7]decan-1-amine 1972-08-3 2323-36-6 13956-29-1 15686-91-6 20594-83-6 27203-92-5, Tramadol 28860-95-9, Carbidopa 42408-82-2 52485-79-7 53179-11-6 53648-55-8 56030-54-7 60142-96-3 71195-58-9 84057-84-1
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(compds. for use in co-administration; preparation of biphenyl derivs. and analogs thereof as cannabinoid raceptor liganda)

L218 ANSWER 13 OF 19 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2005:1354741 CAPLUS Full-text
DOCUMENT NUMBER: 144:94351
TITLE: A method of improving treatments in rheumatic and arthritic diseases using strontium salts
INVENTOR(S): Christgau, Stephan; Hansen, Christian; Nilsson, Henrik
PATENT ASSIGNEE(S): Osteologix A/S, Den.
SOURCE: PCT Int. Appl., 40 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 9
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

WO 2005123193	A2	20051229	WO 2005-DK404	20050617
WO 2005123193	A3	20060302		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

US 2006122274	A1	20060608	US 2005-269289	20051107
WO 2006089546	A1	20060831	WO 2005-DK710	20051107

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.:	DK 2004-950	A	20040617
	DK 2003-691	A	20030507
	DK 2003-932	A	20030620
	DK 2003-1820	A	20031209
	US 2003-528443P	P	20031209
	WO 2004-DK328	A2	20040506
	WO 2005-DK140	A2	20050228
	WO 2005-DK401	A2	20050617
	WO 2005-DK404	A2	20050617

ED Entered STN: 30 Dec 2005
AB Improved treatments of joint diseases, such as, e.g. osteoarthritis and rheumatoid arthritis, and pain, comprise a strontium-containing compound administered alone or in combination with one or more second therapeutically and/or prophylactically active substances. The second active substance is selected from the group consisting of bisphosphonates, glucosamine, palliative agents, analgesic agents, disease modifying anti-rheumatic compds. (DMARDs), selective estrogen receptor modulators (SERMs), aromatase inhibitors, non-steroidal anti-inflammatory agents (NSAIDs), COX-2 inhibitors, COX-3 inhibitors, opioids, inhibitors/antagonists of IL-1, inhibitors/antagonists of TNF-α, inhibitors of matrix metallo-proteinases (MMPs), cathepsin K inhibitors, inhibitors/antagonists of RANK-ligand, statins, glucocorticoids, chondroitin sulfate, NMDA receptor antagonists, inhibitors of interleukin-I converting enzyme, Calcitonin gene related peptide antagonists, glycine antagonists, vanilloid receptor antagonists, inhibitors of inducible nitric oxide synthetase (iNOS), N-acetylcholine receptor agonists, neurokinin antagonists, neuroleptic agents, PAR2 receptor antagonists and anabolic growth factors acting on joint tissue components. Pharmaceutical compns. comprising a strontium-containing compound and a second therapeutically and/or prophylactically active substance as defined above are also described. Thus, a tablet formulation to be administrated one to two times daily contained alendronate 10 mg, strontium malonate 200 mg, lactose

100 mg, corn starch (for mixing) 15 mg, corn starch (for paste) 15 mg, and magnesium stearate 10 mg.

IT Anabolic agents
Analgesics
Antiarthritics
Antirheumatic agents
Arthritis
Behcet's syndrome
Cholinergic agonists
Combination chemotherapy
Gout
Human
Osteoarthritis
Pain
Rheumatoid arthritis
Sarcoidosis
Selective estrogen receptor modulators
Tranquilizers
(oral combination of strontium salt and other agents for improvement in treatment of arthritic diseases and associated pain)

IT Drug delivery systems
(oral; oral combination of strontium salt and other agents for improvement in treatment of arthritic diseases and associated pain)

IT Drug delivery systems
(tablets; oral combination of strontium salt and other agents for improvement in treatment of arthritic diseases and associated pain)

IT 50-02-2, Dexamethasone 50-18-0, Cyclophosphamide 50-23-7, Hydrocortisone 50-24-8, Prednisolone 50-33-9, Phenylbutazone, biological studies 50-78-2, Aspirin 52-67-5, Penicillamine 53-03-2, Prednisone 53-06-5, Cortisone 53-86-1, Indomethacin 56-53-1 57-27-2, Morphine, biological studies 57-42-1, Meperidine 58-15-1, Aminopyrine 59-05-2, Methotrexate 60-80-0, Antipyrine 61-68-7, Mefenamic acid 62-44-2, Phenacetin 62-75-9, Dimethylnitrosamine 64-85-7, Deoxycortone 67-98-1, Ethamoxytriphetol 69-72-7D, Salicylic acid, derivs. 76-42-6, Oxycodone 76-57-3, Codeine 76-99-3, Methadone 77-07-6, Levorphanol 77-17-8, Normeperidine 83-43-2, Methylprednisolone 91-64-5D, Coumarin, derivs. 118-42-3, Hydroxychloroquine 124-94-7, Triamcinolone 125-29-1, Hydrocodone 127-31-1, Fludrocortisone 129-20-4, Oxyphenbutazone 147-93-3, Thiosalicylic acid 359-83-1, Pentazocine 378-44-9, Betamethasone 437-38-7, Fentanyl 446-72-0, Genistein 446-86-6, Azathioprine 466-99-9, Hydromorphone 493-08-3D, Chroman, derivs. 526-26-1, Strontium salicylate 530-78-9, Flufenamic acid 552-94-3, Salsalate 553-39-9, Allenolic acid 561-27-3, Heroin 564-25-0, Doxycycline 569-57-3, Chlorotrisnisene 644-62-2 853-34-9, Kebuzone 868-19-9, Strontium tartrate 911-45-5, Clomiphene 1400-61-9, Nystatin 1845-11-0, Nafoxidine 2624-43-3, Cyclophenyl 2809-21-4 3416-24-8, Glucosamine 4419-39-0, Beclomethasone 5104-49-4, Flurbiprofen 5630-53-5, Tibolone 9002-64-6, Parathyroid hormone 9002-72-6, Growth hormone 9004-61-9, Hyaluronic acid 9007-28-7, Chondroitin sulfate 10118-90-8, Minocycline 10448-84-7, Nitromifene 10540-29-1, Tamoxifen 10596-23-3, Clodronate 12244-57-4 13598-36-2D, Phosphonic acid, alkylidenebis- derivs. 15307-86-5, Diclofenac 15687-27-1, Ibuprofen 15722-48-2, Olsalazine 16067-69-9 16088-89-4 20594-83-6, Nalbuphine 21256-18-8, Oxaprozin 22071-15-4, Ketoprofen 22204-53-1, Naproxen 22494-42-4, Diflunisal 25322-68-3D, Polyethylene glycol, conjugates with IL-1 receptor derivs. 26171-23-3, Tolmetin 26983-52-8, Diphenol 27203-92-5, Tramadol 27540-07-4 29031-19-4, Glucosamine sulfate 29679-58-1, Fenoprofen 31477-60-8, Ormeloxifene 33369-31-2, Zomepirac 34816-55-2, Moxestrol 36322-90-4,

Piroxicam 36194-30-2, Sulindac 40182-75-0, Strontium citrate 40391-99-9 40472-00-2 41340-25-4, Etodolac 41591-31-1, Dihydrochrysene 41839-80-9 42408-82-2, Butorphanol 42924-53-8, Nabumetone 51146-56-6, Dexibuprofen 51333-22-3, Budesonide 51803-78-2, Nimesulide 52485-79-7, Buprenorphine 53597-27-6, Fendosal 53648-55-8, Dezocine 59122-46-2, Misoprostol 59804-37-4, Tenoxicam 59865-13-3, Cyclosporine 60118-07-2, Endorphin 61524-05-0 66376-36-1, Alendronate 67763-96-6, Insulin-like growth factor-1 68047-06-3, 4-Hydroxytamoxifen 71125-38-7, Meloxicam 74101-06-3, Ketorolac 77599-17-8, Panomifene 78994-23-7, Levormeloxifene 81093-37-0, Pravastatin 82413-20-5, Droloxifene 84449-90-1, Raloxifene 85801-42-9 86111-26-4, Zindoxifene 89750-15-2, Glucagon-like peptide 2 89778-26-7, Toremifene 89987-06-4, Tiludronate 93957-54-1, Fluvastatin 98007-99-9, ICI 164384 98774-23-3, Temilifene 103735-76-8, erythro-MEA 105462-24-6 114084-78-5, Ibandronate 115767-74-3, TAT-59 116057-75-1, Idoxifene 118072-93-8, Zoledronate 121268-58-9, Olpadronate 123663-49-0, T-614 128607-22-7 129453-61-8 129612-87-9, Miproxifene 130996-28-0, P 54 134195-17-8, Cyclodextrin sulfate 134523-00-5, Atorvastatin 135459-87-9, Strontium ranelate 137945-48-3, CT 3 138330-18-4, Incadronate 143090-92-0, Anakinra 145599-86-6, Cerivastatin 156089-95-3, S-2474 165536-41-4, MDL-103323 169799-44-4, Keratin sulfate 170713-75-4, Nociceptin 175033-36-0, NCX 4016 179469-40-0D, stronrium derivative 180064-38-4 180916-16-9, Lasofoxifene 182167-03-9, EM-800 189954-66-3, DFP 190791-29-8, CP-336156 192755-52-5, Pralnacasan 198481-32-2, Bazedoxifene 278172-05-7 303730-87-2 322766-10-9, Tiracoxib 507471-54-7 507471-56-9 615258-40-7, AMG 162 630395-06-1, SVT 2016 796104-84-2 796104-86-4 796104-90-0 796842-36-9 796842-37-0 796842-38-1 872049-77-9 872049-78-0 872049-79-1 872049-81-5 872049-83-7 872049-85-9 872049-86-0 872049-88-2 872049-91-7 872049-92-8 872049-93-9 872049-94-0 872049-95-1 872093-25-9 872125-28-5

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(oral combination of strontium salt and other agents for improvement in treatment of arthritic diseases and associated pain)

L218 ANSWER 14 OF 19 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2005:1354712 CAPLUS Full-text
DOCUMENT NUMBER: 144:94350
TITLE: A method of improving the medical treatment of pain
INVENTOR(S): Christgau, Stephan; Hansen, Christian; Nilsson, Henrik
PATENT ASSIGNEE(S): Osteologix A/S, Den.
SOURCE: PCT Int. Appl., 34 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 9
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005123192	A2	20051229	WO 2005-DK401	20050617
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK,				

EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

US 2006122274	A1	20060608	US 2005-269289	20051107
WO 2006089546	A1	20060831	WO 2005-DK710	20051107

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NO, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.:

DK 2004-947	A	20040617
DK 2003-691	A	20030507
DK 2003-932	A	20030620
DK 2003-1820	A	20031209
US 2003-528442P	P	20031209
WO 2004-DK328	A2	20040506
WO 2005-DK140	A2	20050228
WO 2005-DK401	A2	20050617
WO 2005-DK404	A2	20050617

ED Entered STN: 30 Dec 2005

AB Methods for improving pain management in a mammal, the methods comprising administering a combination of a strontium-contsining compound and a second therapeutically and/or prophylactically active substance selected from the group consisting of analgesic agents, anti-inflammatory agents and palliative agents to the mammal. Pharmaceutical compns. for use in such methods, comprising a strontium-contsining compound and a second therapeutically and/or prophylactically active substance selected from the group consisting of analgesic agents, anti-inflammatory agents and palliative agents. For example, a tablet contsining naproxen 250, strontium malonate 210, lactose 100, corn starch 30, and magnesium stearate 10 mg was formulated.

IT Antiarthritics
Behcet's syndrome
Bone, neoplasm
Gout
Osteoarthritis
Rheumatoid arthritis
Sarcoidosis
Surgery
(pain associated with; method of improving medical treatment of pain by administering combination of strontium-containing compound and second active substance)

IT Drug delivery systems
(tablets; method of improving medical treatment of pain by administering combination of strontium-containing compound and second active substance)

IT 50-33-9, Phenylbutazone, biological studies 50-48-6, Amitriptyline 50-52-2, Thioridazine 50-53-3, Thorazine, biological studies 50-78-2, Aspirin 52-86-8, Haldol 53-86-1, Indomethacin 56-06-4, 2,4-Diamino-6-hydroxypyrimidine 57-27-2, Morphine, biological studies 57-42-1, Meperidine 58-33-3, Phenergan 58-38-8, Prochlorperazine 58-39-9, Trilafon 60-87-7, Promethazine 61-68-7, Mefenamic acid 69-23-8, Fluphenazine 76-42-6, Oxycodone

76-57-3, Codeine 76-99-3, Methadone 77-07-6, Levorphanol 77-17-8, Normeperidine 79-17-4, Aminoguanidine 84-02-6, Compazine 103-90-2, Paracetamol 113-59-7, Taractan 117-89-5, Trifluoperazine 125-29-1, Hydrocodone 130-61-0, Mellaril 151-16-6, S-(2-Aminoethyl)isothiourea 359-83-1, Pentazocine 364-62-5, Metoclopramide 437-38-7, Fentanyl 440-17-5, Stelazine 466-99-9, Hydromorphone 526-26-1, Strontium salicylate 548-73-2, Inapsine 561-27-3, Heroin 868-19-9, Strontium tartrate 1977-10-2, Loxapine 2034-23-3, FR 038251 2062-78-4, Orap 2149-70-4 2986-19-8, S-Methylisothiourea 2986-20-1, S-Ethylisothiourea 4456-77-3, FR 038470 4673-26-1 5104-49-4, Flurbiprofen 5588-33-0, Serentil 5591-45-7, Navane 5786-21-0, Clozaril 6913-17-3, S-Isopropylisothiourea 7232-21-5, Reglan 7416-34-4, Molindone 13539-59-8, Apazone 15307-86-5, Diclofenac 15622-65-8, Moban 15687-27-1, Ibuprofen 16067-69-9, Strontium benzenesulfonate 16088-89-4 17035-90-4, NG-Monomethyl-L-arginine 20594-83-6, Nalbuphine 22071-15-4, Ketoprofen 22204-53-1, Naproxen 22780-54-7, 2-Iminopiperidine 22780-54-7D, strontium salts 27203-92-5, Tramadol 27833-64-3, Loxitane 29679-58-1, Fenoprofen 32672-69-8, Mesoridazine besylate 36322-90-4, Piroxicam 37841-91-1, Isovellersl 38194-50-2, Sulindac 40182-75-0, Strontium citrate 40472-00-2 41839-80-9 42408-82-2, Butorphanol 51803-78-2, Nimesulide 52485-79-7, Buprenorphine 53648-55-8, Dezocine 53774-63-3 58493-49-5, Olvanil 65195-50-8, Scutigesl 71125-38-7, Meloxicam 78754-81-1, FR 191863 83002-04-4, CP55940 106266-06-2, Risperdal 111974-69-7, Quetiapine 111974-72-2, Seroquel 123663-49-0, T-614 128007-31-8, Arvanil 132539-06-1, Zyprexa 133587-00-5, NGMonomethyl-L-arginine acetate 135459-87-9, Strontium ranelate 146939-27-7, Geodon 155836-52-5, BW373U86 156719-41-4, S-Methyl-L-thiocitrulline 158089-95-3, S-2474 159860-31-8, SNC-121 175033-36-0, NCX4016 179469-40-0 183133-72-4, STrontium malonate 183293-82-5 189954-66-3, DFP 198470-84-7, Parecoxib 198470-85-8, Dynastat 251362-87-5 278172-05-7 303730-87-2 322766-10-9, Tiracoxib 472981-92-3, SB-366791 507471-56-9 535974-91-5 630395-06-1, SVT 2016 796104-84-2 796104-86-4 796104-90-0 796842-36-9 796842-37-0 796842-38-1 872049-77-9 872049-78-0 872049-79-1 872049-81-5 872049-83-7 872049-85-9 872049-86-0 872049-88-2 872049-89-3 872049-90-6 872049-91-7 872049-92-8 872049-93-9 872049-94-0 872049-95-1 872125-28-5 872200-43-6 872340-68-6, AZD 4717

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(method of improving medical treatment of pain by administering combination of strontium-containing compound and second active substance)

L218 ANSWER 15 OF 19 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2005:1078238 CAPLUS Full-text
DOCUMENT NUMBER: 143:373327
TITLE: Pharmaceutical active substance combination comprising substituted carbinol compounds and non-steroidal anti-inflammatory drugs
INVENTOR(S): Buschmann, Helmut Heinrich; Gutierrez, Silva Bonifacio; Holenz, Jorg; Farre, Gomis Antonio
PATENT ASSIGNEE(S): Spain
SOURCE: U.S. Pat. Appl. Publ., 26 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005222136	A1	20051006	US 2004-987803	20041112
CA 2562219	AA	20051020	CA 2005-2562219	20050405
WO 2005097099	A1	20051020	WO 2005-EP3641	20050405

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.:

ES 2004-4000844	A	20040405
ES 2004-844	A	20040405
US 2004-987803	A	20041112
WO 2005-EP3641	W	20050405

OTHER SOURCE(S): MARPAT 143:373327

ED Entered STN: 07 Oct 2005

AB The present invention relates to an active substance combination including at leaat one substituted carbinol compound and at least one non-steroidal anti-inflammatory drug (NSAID), a medicament including the active substance combination, a pharmaceutical formulation including the active substance combination and the use of the active substance combination for the manufacture of a medicament.

TI Pharmaceutical active substance combination comprising substituted carbinol compounds and non-steroidal anti-inflammatory drugs

ST pharmaceutical combination substituted carbinol compd nonsteroidal antiinflammatory drug

IT Urogenital system
(-related pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Inflammation
(Crohn's disease; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Intestine, disease
(Crohn's; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Disease, animal
(Hodkin's disease; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Disease, animal
(Peutz-Jegher syndrome; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Disease, animal
(Sclerodoma; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drugs of abuse
(abuse of, treatment and prevention of; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Pain
(acute; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Carcinoma
(adenocarcinoma; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Swelling, biological
(after injury; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Transplant and Transplantation
(allotransplant, cornea, rejection; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Heart, disease
(angina pectoris, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Blood vessel, neoplasm
(angiofibroma, nasopharynx; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Inflammation
Spinal column, disease
(ankyloaing spondylitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Anemia (disease)
(aplastic; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Disease, animal
(arthropathy, Bursitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Disease, animal
(back pain, lower, chronic pain; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Body, anatomical
(back, disease, pain, lower, chronic pain; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Pain
(back, lower, chronic pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Skin, neoplasm
(basal cell carcinoma; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Carcinoma
(basal cell; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Injury
(bone, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and

non-steroidal anti-inflammatory drugs)

IT Bronchi, disease
Inflammation
(bronchitis; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Epithelium
(cancer effecting; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Lip
(cancer; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drug delivery systems
(capsules; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Ischemia
(cardiac; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Pain
(central, post-operative; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Uterus, neoplasm
(cervix, carcinoma; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Carcinoma
(cervix; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Pain
(chronic; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Headache
(cluster; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Intestine, neoplasm
(colon; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Eye, disease
Inflammation
(conjunctivitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Eye
(cornea, allotransplant, rejection; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Transplant rejection
(corneal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Bladder, disease

Inflammation
(cystitis, pain; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Pain
(dental; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Mental and behavioral disorders
(depression; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Eye, disease
(diabetic retinopathy; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Joint, anatomical
(disease, Bursitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Viscera
(disease, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Joint, anatomical
(disease, sprain; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Tendon
(disease, tendinitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drug delivery systems
(dragees; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drug delivery systems
(drops; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Uterus, disease
(endometriosis; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drug delivery systems
(enteric-coated; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Alcohols, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(fatty; pharmaceutical active substance combination compriaing substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Ulcer
(gastric; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Inflammation
Stomach, disease
(gastritis; pharmaceutical active substance

combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(gels; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Gingiva, disease
Inflammation
(gingivitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(granules; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Bladder, disease
(incontinence; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Disease, animal
(infantile hemaginomas; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Intestine, disease
(inflammatory; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(injections, i.m.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(injections, i.p.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(injections, i.v.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(injections, s.c.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Bone, disease
(injury, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Autoimmune disease
(insulin-dependent diabetes mellitus; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Diabetes mellitus
(insulin-dependent; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(intrathecal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammstory drugs)
IT Intestine, disease

(irritable bowel syndrome; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Heart, disease
(ischemia; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Rheumatoid arthritis
(juvenile; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(liqs.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Angiogenesis
(mediated disorder; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Neoplasm
(metastasis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Hydrocarbon waxes, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(microcryst.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Headache
(migraine; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(mucosal, transmucosal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(nasal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Pharynx
(nasopharynx, angiofibroma; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Glaucoma (disease)
(neovascular; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Angiogenesis
(neovascularization, eye; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Eye, disease
(neovascularization; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Kidney, disease
(nephrotic syndrome; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Nerve, disease
Pain
(neuralgia, Herpes; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Inflammation
(neurogenic; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Nerve, disease
(neuropathy, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Nerve
(nociceptive, pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Anti-inflammatory agents
(nonsteroidal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(oral; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Burn
Head and Neck
Parturition
Sunburn
Surgery
Tooth, disease
(pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(parenterals; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(pellets; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Artery, disease
Inflammation
(periarteritis nodosa; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Arm
Leg
(phantom limb pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Analgesics
Anti-infective agents
Anti-inflammatory agents
Antiarthritics
Antiasthmatics
Antidepressants
Antidiabetic agents
Antirheumatic agents

Antitumor agents
Antiulcer agents
Antiviral agents
Arthritis
Asthma
Beeswax
Behcet's syndrome
Bladder, neoplasm
Blood vessel, disease
Bone, neoplasm
Brain, neoplasm
Carcinoma
Common cold
Dermatitis
Digestive tract, disease
Digestive tract, neoplasm
Dysmenorrhea
Eczema
Edema
Fever and Hyperthermia
Gelation agents
Gout
Headache
Inflammation
Influenza
Liver, neoplasm
Lung, neoplasm
Mammary gland, neoplasm
Myasthenia gravis
Myositis
Neoplasm
Opioid antagonists
Osteoarthritis
Ovary, neoplasm
Pancreas, neoplasm
Plasticizers
Prostate gland, neoplasm
Psoriasis
Rheumatic fever
Rheumatoid arthritis
Sarcoidosis
Skin, disease
Skin, neoplasm
Strain
(pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Carnauba wax
Fats and Glyceridic oils, biological studies
Fatty acids, biological studies
Opioids
Polymers, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Myositis
(polymyositis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

IT Drug delivery systems
(rectal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Kidney, neoplasm
(renal cell carcinoma; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Carcinoma
(renal cell; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Eye
(retina, neovascularization; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Eye, disease
(retrolental fibroplasia; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(solns.; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Spinal column, disease
(spondyloarthropathy; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Disease, animal
(sprain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Carcinoma
(squamous cell; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(suspensions; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(sustained-release; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Injury
(swelling; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Arthritis
Synovial membrane, disease
(synovitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Waxes
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(synthetic; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(syrups; pharmaceutical active substance combination

comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Lupus erythematosus
(systemic; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(tablets, immediate release; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(tablets; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Inflammation
(tendinitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Inflammation
Thyroid gland, disease
(thyroiditis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Drug delivery systems
(transdermal; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Stomach, disease
(ulcer; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Inflammation
Intestine, disease
(ulcerative colitis; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Bone, disease
(vascular necrosis of bone; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Infection
(viral; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Disease, animal
(visceral pain; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT Pain
(visceral; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT 561-27-3, Diacetylmorphine
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(heroine; pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT 50-33-9, Phenylbutazone, biological studies 50-78-2, Acetylsalicylic acid 53-86-1, Indomethacin 56-81-5, 1,2,3-Propanetriol, biological studies 57-27-2, Morphine, biological studies 57-42-1,

Pethidine 61-68-7, Mefenamic acid 62-67-9, Nalorphine 65-45-2, Salicylamide 67-56-1, Carbinol, biological studies 68-89-3, Metamizol 71-50-1, Acetate, biological studies 76-41-5, Oxymorphone 76-42-6, Oxycodone 76-57-3, Codeine 76-58-4, Ethylmorphine 77-07-6, Levorphanol 92-43-3, Phenidone 103-90-2, Paracetamol 125-28-0, Dihydrocodeine 125-29-1, Hydrocodone 125-58-6, Levomethadone 129-20-4, Oxyphenbutazone 152-02-3, Levallorphan 288-13-1, Pyrazole 288-32-4, Imidazole, biological studies 302-41-0, Piritramide 357-56-2, Dextromoramide 359-83-1, Pentazocine 437-38-7, Fentanyl 465-65-6, Naloxone 466-99-9, Hydromorphone 469-62-5, Dextropropoxyphene 469-79-4, Ketobemidone 479-92-5, Propyphenazone 530-78-9, Flufenamic acid 644-62-2, Meclofenamic acid 853-34-9, Kebuzone 915-30-0, Diphenoxylate 938-73-8, Ethenzamide 1477-40-3, Levomethadyl 2210-63-1, Mofebutazone 2438-72-4, Bufexamac 4394-00-7, Niflumic acid 5104-49-4, Flurbiprofen 9004-34-6D, Cellulose, ester 9004-57-3, Ethyl cellulose 14521-96-1, Etorphine 15307-86-5, Diclofenac 15687-27-1, Ibuprofen 16590-41-3, Naltrexone 20594-83-6, Nalbuphine 21256-18-8, Oxaprozin 21363-18-8, Viminol 22071-15-4, Ketoprofen 22204-53-1, Naproxen 22494-42-4, Diflunisal 26171-23-3, Tolmetin 27203-92-5, Tramadol 29679-58-1, Fenoprofen 30233-64-8, Glycerol monobehenate 30544-47-9, Etofenamate 30748-29-9, Feprazone 31566-31-1, Glycerol monostearate 33005-95-7, Tiaprofenic acid 34552-84-6, Isoxicam 36322-90-4, Piroxicam 36330-85-5, Fenbufen 38194-50-2, Sulindac 41340-25-4, Etodolac 42408-82-2, Butorphanol 42924-53-8, Nabumetone 51803-78-2, Nimesulide 51931-66-9, Tilidine 52485-79-7, Buprenorphine 53164-05-9, Acemetacin 53179-11-6, Loperamide 53648-55-8, Dezocine 53808-88-1, Lonazolac 54340-58-8, Meptazinol 56030-54-7, Sufentanil 59804-37-4, Tenoxicam 66532-85-2, Propacetamol 70374-39-9, Lornoxicam 71125-38-7, Meloxicam 71195-58-9, Alfentanil 74103-06-3, Ketorolac 112344-52-2, Flobufen 122154-30-7 122154-31-8 122154-32-9 122154-33-0
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122155-90-2 122155-91-3 122155-92-4 122155-93-5 122155-94-6
122175-88-6 122175-89-7 122175-90-0 122175-91-1 122175-92-2

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)
IT 122175-93-3 122175-94-4 122175-95-5 122175-96-6 122175-97-7
122175-98-8 122175-99-9 122176-00-5 122176-01-6 131575-03-6,
14-Methoxymetopon 132875-61-7, Remifentanil 142155-43-9 148981-63-9
148981-65-1 162011-90-7, Rofecoxib 169590-42-5, Celecoxib
181695-72-7, Valdecoxib 198470-84-7, Parecoxib 202409-33-4, Etoricoxib
247046-52-2 247046-53-3 247046-54-4 247046-55-5 247046-56-6
247046-57-7 247046-58-8 247046-59-9 247046-60-2 247046-61-3
247046-62-4 247046-63-5 247046-64-6 247046-65-7 247046-66-8
247046-67-9 247046-68-0 247046-69-1 247046-70-4 247046-71-5
247046-72-6 251375-82-3 258329-57-6 258329-59-8 258329-61-2
258329-62-3 258329-63-4 258329-64-5 258329-65-6 258329-66-7
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866218-48-6 866218-49-7
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical active substance combination comprising substituted carbinol compds. and non-steroidal anti-inflammatory drugs)

L218 ANSWER 16 OF 19 WPIX COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 2005-296105 [30] WPIX
DOC. NO. CPI: C2005-091570 [30]
TITLE: Use of a spirocyclic heterocyclic compound for binding an opioid receptor in the treatment of e.g. pain, gastrointestinal dysfunction
DERWENT CLASS: B02; B03
INVENTOR: AJELLO C W; CHU G; DOLLE R E; GU M; LE BOURDONNEC B; LEISTER L K; TUTHILL P A; ZHOU J Q; ZHOU Q J; AJELLO C; DOLLE R; LEISTER L; TUTHILL P; ZHOU J
PATENT ASSIGNEE: (ADOL-N) ADOLOR CORP; (AJEL-I) AJELLO C W; (CHUG-I) CHU G; (DOLL-I) DOLLE R E; (GUMM-I) GU M; (LBOU-I) LE BOURDONNEC B; (LEIS-I) LEISTER L K; (TUTH-I) TUTHILL P A; (ZHOU-I) ZHOU Q J
COUNTRY COUNT: 107

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WO 2005033073	A2	20050414	(200530)*	EN	573[0]	
US 20050159438	A1	20050721	(200548)	EN		
EP 1675847	A2	20060705	(200644)	EN		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2005033073	A2	WO 2004-US32479	20041001
US 20050159438	A1 Provisional	US 2003-507864P	20031001
US 20050159438	A1	US 2004-957554	20041001
EP 1675847	A2	EP 2004-817130	20041001
EP 1675847	A2	WO 2004-US32479	20041001

FILING DETAILS:

PATENT NO	KIND	PATENT NO
EP 1675847	A2 Based on	WO 2005033073 A

PRIORITY APPLN. INFO: US 2003-507864P 20031001
US 2004-957554 20041001

TECH
ORGANIC CHEMISTRY - Preferred Compounds: (I') comprise compounds of formula (I'a).
R1 and R3 = H, alkyl, alkenyl, alkynyl or aryl;
Z = -N(R5)-;
R2 = H, (cyclo)alkyl, alkenyl, alkynyl, alkylcycloalkyl or (hetero)aralkyl;
R1+R3, R1+R2 and R2+R3 = 4-8-membered heterocycloalkyl ring;
Ra = H or alkyl;
Rb = H, alkyl or aryl;
n = 0-3;
A and B' = H, fluoro or alkyl;
A+B' = a double bond between the carbon atoms to which they are attached;
R4 = -Y-W;
Y = a single bond, C(Ra)(Rb), C(Ra)(Rb)C(Ra)(Rb) or C(Ra)(Rb)C(Ra)(Rb)C(Ra)(Rb);
W = (hetero)aryl;
X = -CH2-, -O-, -S-, -SO, -SO2 or -N(R5)-;
R5 = H, (cyclo)alkyl, -(CH2)-alkenyl, -(CH2)-alkynyl, aryl, -CORb or -SO2Rb;
J+carbon atoms to which it is attached = 6-membered aryl or 5- or 6-membered hetaroaryl ring.
Providad that:
(a) when R2 is other than -CH(-C(=O)-ORb)(Ra), then R1+R2 and R2+R3 form 4-8-membered heterocycloalkyl ring; when J taken together with the carbon atoms to which it is attached forms phenyl optionally mono- to tri-substituted by -S-1-4C alkyl, 1-4C alkyl (both optionally substituted by at least one halo or 1-4C alkoxy); halo or OH, W is unsubstituted naphthyl or phanyl optionally mono- to tri-substitutad by halo, 1-6C alkyl, 1-6C alkoxy, phanyl, phanoxy, 1,3-benzodioxazolyl, 2,2-difluoro-1,3-benzodioxazolyl, NH2, -N(1-4C alkyl)2 or pyrrolyl; n is 1; R1 and R3 ara H; A+B forms a double bond between atoms to which they are attached; Y is a single bond; and X is -O-; then R2 is other than H or methyl; when J takan together with the carbon atoms to which it is attached forms a phenyl ring; W is phenyl optionally mono- to tri-substituted by fluoro, OH, 1-6C alkoxy (optionally substituted by at least one fluoro), 2-6 alkenyloxy or -S-1-4C alkyl; n is 1; R1 and R3 are H; A+B' forms a double bond between atoms to which they are attached; Y is a single bond; and X is -O-; then R2 is other than H or benzyl; and when J forms a 6-membered aryl ring, then it is substituted with other than pyrimidina-2,4-diamina-meth-5-yl.
In (I'), the spiro carbon and/or tha carbon to which -Y-W is attached (prafarably the carbon to which -Y-W is attached, or the spiro carbon and the carbon to which -Y-W is attached) is chiral. Preparation: (I) can be prepared by 37 methods as given in the specification e.g. praparation of (Ia) (where X is CH or N) involvas:
(a) condensing 2'-hydroxyacatophanone derivative of formula (i) with 1-Boc-4-piparidone in pyrrolidona derivative of formula (ii) at room temperature to obtain N-Boc-spiro(2H-1-benzopyran-2,4'-piperidine)-4(3H)-one derivative of formula (iii);
(b) convarting (iii) into an enol triflate derivative of formula (v) using

N-phenylbis(trifluoromethanesulfonamida) of formula (iv) as a triflating agent; and
(c) coupling (v) by Suzuki type coupling with 4-(N,N-diethylaminocarbonyl)phanyl boronic acid (vi) in ethylene glycol dimethyl ether in the presence of tetrakis triphenylphosphine palladium(0) (10 wt.% on activated carbon), lithium chloride and aqueous solution of sodium carbonate to obtain a substituted spiro(2H-1-benzopyran-2,4'-piperidine) compound of formula (vii), followed by conversion under acidic conditions.
Ru-Ry = not defined.
PHARMACEUTICALS - Preferred Composition: The composition further comprises an antibiotic, antiviral, antifungal, anti-inflammatory and/or anesthetic.
Preferred Drugs: The opioid is selectad from 73 drug(s), or their diastereomers, salts or complexes as given in the specification e.g. allylprodine, dextromoramide, eptazocine, fantenyl, ketobemidone, loperamida, lofentanil, myrophine, piritramide, tilidine. The agent for the treatment of neuralgia/neuropathic pain is a mild OTC analgesic, a narcotic analgesic, an antiseizure medication or an anti-depressant. The agent for the treatment of depression is a selective serotonin re-uptake inhibitor, a tricyclic compound, a monoamine oxidase inhibitor or an antidepressant compound belonging to the heterocyclic class. The agent for the treatment of incontinence is an anticholinergic agent, an antispasmodic medication, a tricyclic antidepressant, a calcium channal blockar or a beta agonist. An agent for tha treatment of Parkinson's disease is selected from deprenyl, amantadina, levodopa or carbidopa.
Prefarred Method: The prevention or treatment of pain with (I) further involvas administering an opioid. The prevention or treatment of urogenital tract disordar with (I) further involvas administering an agent for the treatment of incontinence. The prevention or treatment of depression with (I) further involvas administering an agent for the treatment of depression. The prevention or treatment of tremors with (I) further involves administering an antiparkinsonian agent. The production or maintenance of an anesthetic state with (I) further involves administering an anesthetic agent selected from an inhalad anesthatic, a hypnotic, an anxiolytic, a neuromuscular blocker or an opioid.

L218 ANSWER 17 OF 19 WPIX COPYRIGHT 2006 THE THOMSON CORP on STN
ACCESSION NUMBER: 2006-030913 [04] WPIX
DOC. NO. CPI: C2006-011203 [04]
TITLE: Use of opioid controlled release oral dosage form for treating chronic obstructive pulmonary disease
DERWENT CLASS: B02
INVENTOR: FLEISCHER W; LEYENDECKER P; REIMER K
PATENT ASSIGNEE: (EURO-N) EUROCELTIQUE SA
COUNTRY COUNT: 110

PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
EP 1604666	A1 20051214 (200604)*	EN	24	[0]	
WO 2005120507	A1 20051222 (200604)	EN			

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 1604666	A1	EP 2004-13468	20040608
WO 2005120507	A1	WO 2005-EP6155	20050608

PRIORITY APPLN. INFO: EP 2004-13468 20040608
TECH
PHARMACEUTICALS - Preferrad Dosage: The dosage compriaes an opioid agoniat (e.g. oxycodone, hydrocodone, hydromorphona, morphine, methadone, oxymorphone, fantanyl or sufentanyl in the form of free basa or salt) or a mixture of opioid agonist and opioid antagonist (e.g. naltrexone, nalmefene or naloxone in the form of free base or salt). Preferably the dosage comprises oxycodone, morphine or a mixture of oxycodone (10 - 150, preferably 10 - 80 mg) and naloxone (1 - 50 mg). Oxycodone and naloxone are present in a ratio up to 25:1 (prafarably up to 20:1, aspacially 2:1 or 1:1). Prefarably amount of oxycodona is higher than that of naloxone. The compounds are released from the dosage in a sustained, invariant or independant mannar.

L218 ANSWER 18 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005083426 EMBASE Full-text
TITLE: Prospective audit of short-term concurrent ketamine, opioid and anti-inflammatory ('triple-agent') therapy for episodes of acute on chronic pain.
AUTHOR: Good P.; Tullio F.; Jackson K.; Goodchild C.; Ashby M.
CORPORATE SOURCE: Prof. M. Ashby, Centre for Palliative Care, St. Vincent's Hospital, University of Melbourne, PO Box 2900, Fitzroy, Vic. 3065, Australia. ashbym@natapace.net.au
SOURCE: Internal Medicine Journal, (2005) Vol. 35, No. 1, pp. 39-44.
Refs: 33
ISSN: 1444-0903 CODEN: IMJNAK
COUNTRY: Australia
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
008 Neurology and Neurosurgery
016 Cancer
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 3 Mar 2005
Last Updated on STN: 3 Mar 2005

ABSTRACT: Aim: This prospective audit was undertaken in order to document the analgesic response and adverse effects of concurrent short-term ('burst') triple-agent analgesic (ketamine, an opioid and an anti-inflammatory agent - either steroidal or non-steroidal) administration, for episodes of acute on chronic pain. The clinical hypothesis in this study is that better pain control may be obtained by simultaneous multiple target receptor blockade. Method: The response of 18 patients is reported. The pain and analgesic requirement data for the 24 h before starting triple-agent therapy were compared with the last 24 h on the triple-agent therapy. Patients were then classified as responders or non-responders. Results: According to stringent clinical criteria, 12 out of the 18 patients were classified as responders. The response rate was highest for somatic pain (7/9) and appeared to decrease with duration of prior uncontrolled pain. Only four out of the 18 patients reported adverse effects and all of these were minor. Conclusions: The results suggest that this 'burst' triple-agent approach is safe and effective in an inpatient palliative care population during episodes of poorly controlled acute on chronic pain, and warrants further investigation to ascertain whether it gives superior results compared to the 'gold-standard' WHO ladder approach.

CONTROLLED TERM: Medical Descriptors:
*short course therapy
*cancer pain: CO, complication
*cancer pain: DT, drug therapy
chronic pain: CO, complication
chronic pain: DT, drug therapy
neuropathic pain: CO, complication
neuropathic pain: DT, drug therapy
prospective study
medical audit
analgesic activity
receptor blocking
drug safety
drug efficacy
world health organization
lung cancer
head and neck cancer
breast cancer
skin cancer
prostate cancer
kidney cancer
colorectal cancer
fragility fracture
drowsiness: SI, side effect
confusion: SI, side effect
hallucination: SI, side effect
human
male
female
clinical article
controlled study
aged
adult
article
priority journal
Drug Descriptors:
*ketamine: AE, adverse drug reaction
*ketamine: CB, drug combination
*ketamine: DT, drug therapy
*ketamine: IV, intravenous drug administration
*narcotic analgesic agent: AE, adverse drug reaction
*narcotic analgesic agent: CB, drug combination
*narcotic analgesic agent: DT, drug therapy
*narcotic analgesic agent: IV, intravenous drug administration
*antiinflammatory agent: AE, adverse drug reaction
*antiinflammatory agent: CB, drug combination
*antiinflammatory agent: DT, drug therapy
*antiinflammatory agent: IV, intravenous drug administration
nonsteroid antiinflammatory agent: AE, adverse drug reaction
nonsteroid antiinflammatory agent: CB, drug combination
nonsteroid antiinflammatory agent: DT, drug therapy
nonsteroid antiinflammatory agent: IV, intravenous drug administration
steroid: AE, adverse drug reaction
steroid: CB, drug combination
steroid: DT, drug therapy

steroid: IV, intravenous drug administration
ketorolac: AE, adverse drug reaction
ketorolac: CB, drug combination
ketorolac: DT, drug therapy
ketorolac: IV, intravenous drug administration
naproxen: AE, adverse drug reaction
naproxen: CB, drug combination
naproxen: DT, drug therapy
naproxen: IV, intravenous drug administration
dexamethasone: AE, adverse drug reaction
dexamethasone: CB, drug combination
dexamethasone: DT, drug therapy
dexamethasone: IV, intravenous drug administration
parecoxib: AE, adverse drug reaction
parecoxib: CB, drug combination
parecoxib: DT, drug therapy
parecoxib: IV, intravenous drug administration
morphine: AE, adverse drug reaction
morphine: CB, drug combination
morphine: DO, drug dose
morphine: DT, drug therapy
morphine: IV, intravenous drug administration
hydromorphone: AE, adverse drug reaction
hydromorphone: CB, drug combination
hydromorphone: DO, drug dose
hydromorphone: DT, drug therapy
hydromorphone: IV, intravenous drug administration
oxycodone: AE, adverse drug reaction
oxycodone: CB, drug combination
oxycodone: DO, drug dose
oxycodone: DT, drug therapy
oxycodone: IV, intravenous drug administration
prednisolone: AE, adverse drug reaction
prednisolone: CB, drug combination
prednisolone: DO, drug dose
prednisolone: DT, drug therapy
CAS REGISTRY NO.: (ketamine) 1867-66-9, 6740-88-1, 81771-21-3; (ketorolac) 74103-06-3; (naproxen) 22204-53-1, 26159-34-2; (dexamethasone) 50-02-2; (parecoxib) 198470-84-7, 198470-85-8; (morphine) 52-26-6, 57-27-2; (hydromorphone) 466-99-9, 71-68-1; (oxycodone) 124-90-3, 76-42-6; (prednisolone) 50-24-8

L218 ANSWER 19 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2000116057 EMBASE Full-text
TITLE: Managing addiction in advanced cancer patients: Why Bother?.
AUTHOR: Passik S.D.; Theobald D.E.
CORPORATE SOURCE: Dr. S.D. Passik, Community Cancer Care Inc., 115 West 19th Street, Indianapolis, IN 46202, United States
SOURCE: Journal of Pain and Symptom Management, (2000) Vol. 19, No. 3, pp. 229-234.
Refs: 8
ISSN: 0885-3924 CODEN: JPSMEU
PUBLISHER IDENT.: S 0885-3924(00)00109-3
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 016 Cancer
032 Psychiatry

036 Health Policy, Economics and Management
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
068 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 13 Apr 2000
Last Updated on STN: 13 Apr 2000

ABSTRACT: The management of addiction in patients with advanced cancer can be time-consuming, labor-intensive, and difficult. Some clinicians believe that it is not worth the effort, due in part to a failure to appreciate the deleterious impact of addiction on palliative care efforts and a view of addiction as intractable in any case. Indeed, it is possible that some clinicians perceive addiction not only fatalistically but, because of common misconceptions, believe that managing or attempting to decrease the patient's use of alcohol or illicit substances would be tantamount to depriving a dying patient of a source of pleasure. In this paper, we argue that managing addiction is an essential aspect of palliative care for chemically-dependent and alcoholic patients. The goal of such efforts is not complete abstinence, but exerting enough control over illicit drug and alcohol use to allow palliative care interventions to decrease suffering. To illustrate this view, we describe two patients with chemical-dependency. We highlight the impact of unchecked substance abuse on patients' perpetuation of their own suffering, the complication of symptom management, the diagnosis and treatment of mood/anxiety disorders, and the effect on the patients' family and caregivers. Copyright (C) 2000 U.S. Cancer Pain Relief Committee.

CONTROLLED TERM: Medical Descriptors:
*addiction
*cancer patient
palliative therapy
drug abuse
anxiety neurosis: ET, etiology
anxiety neurosis: DT, drug therapy
anxiety neurosis: CO, complication
smoking
advanced cancer
alcoholism: TH, therapy
group therapy
adenocarcinoma
pleura metastasis: SU, surgery
pleura effusion: TH, therapy
drain
withdrawal syndrome: PC, prevention
withdrawal syndrome: DT, drug therapy
cancer pain: DT, drug therapy
cancer pain: CO, complication
patient information
caregiver
insomnia: DT, drug therapy
insomnia: CO, complication
heroin dependence
lung cancer: RT, radiotherapy
human
male
case report
adult
article
Drug Descriptors:
alcohol

illicit drug
lorazepam: DT, drug therapy
lorazepam: CB, drug combination
oxycodone: DT, drug therapy
oxycodone: CB, drug combination
paracetamol: DT, drug therapy
paracetamol: CB, drug combination
trazodone: DT, drug therapy
trazodone: CB, drug combination
fentanyl: DT, drug therapy
fentanyl: CB, drug combination
fentanyl: TD, transdermal drug administration
fentanyl: IV, intravenous drug administration
CAS REGISTRY NO.: (alcohol) 64-17-5; (lorazepam) 846-49-1; (oxycodone) 124-90-3, 76-42-6; (paracetamol) 103-90-2; (trazodone) 19794-93-5, 25332-39-2; (fentanyl) 437-38-7

FILE 'HOME' ENTERED AT 11:13:55 ON 14 DEC 2006

SEARCH HISTORY

=> d his nofile

(FILE 'HOME' ENTERED AT 09:53:23 ON 14 DEC 2006)

FILE 'CAPLUS' ENTERED AT 09:53:50 ON 14 DEC 2006
D SAVED
ACT ARN458CAAU1/A
L1 1 SEA ABB=ON US2003-661458/APPS
L2 141 SEA ABB=ON PACE G?/AU
L3 11003 SEA ABB=ON SMITH M?/AU
L4 1 SEA ABB=ON L2 AND L3
D SCAN

FILE 'STNGUIDE' ENTERED AT 09:54:39 ON 14 DEC 2006

FILE 'REGISTRY' ENTERED AT 09:55:54 ON 14 DEC 2006
L5 1 SEA ABB=ON MORPHINE/CN
L6 1 SEA ABB=ON FENTANYL/CN
L7 1 SEA ABB=ON SUFENTANIL/CN
L8 1 SEA ABB=ON ALFENTANIL/CN
L9 1 SEA ABB=ON OXYMORPHONE/CN
L10 1 SEA ABB=ON HYDROMORPHONE/CN
L11 1 SEA ABB=ON OXYCODONE/CN

FILE 'CAPLUS' ENTERED AT 09:56:07 ON 14 DEC 2006
L12 31087 SEA ABB=ON (L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L13 1073 SEA ABB=ON L11
D SCAN L4
L14 12914 SEA ABB=ON OPIOIDS/CT
L15 1209 SEA ABB=ON L14(L)KAPPA/OBI
L16 1944 SEA ABB=ON L14(L)MU/OBI
L17 56591 SEA ABB=ON AGONIST#/OBI
L18 368 SEA ABB=ON L15(L)L17
L19 454 SEA ABB=ON L16(L)L17
L20 19117 SEA ABB=ON RESPIRATORY TRACT/OBI
L21 76 SEA ABB=ON L20(L)CARCINOMA/OBI
L22 25232 SEA ABB=ON ASTHMA/OBI
L23 424 SEA ABB=ON BRONCHIECTASIS/OBI OR BRONCHI?/OBI(L)DILATATION/OBI OR KARTAGENER/OBI
L24 28786 SEA ABB=ON TUBERCULOSIS/OBI
L25 4089 SEA ABB=ON BRONCHITIS/OBI
L26 120 SEA ABB=ON RESPIRATORY SYSTEM, NEOPLASM/CT
L27 35560 SEA ABB=ON LUNG, NEOPLASM/CT
L28 4982 SEA ABB=ON CHRONIC OBSTRUCTIVE PULMONARY/OBI OR COPD/OBI
L29 7726 SEA ABB=ON BRONCHOPNEUMONIA/OBI OR PNEUMONIA/OBI
L30 136 SEA ABB=ON LARYNGITIS/OBI
L31 1101 SEA ABB=ON SINUSITIS/OBI
L32 2601 SEA ABB=ON EMPHYSEMA/OBI
L33 6378 SEA ABB=ON FIBROSING/OBI(L)ALVEOLITIS/OBI OR (PULMONARY/OBI OR LUNG/OBI OR RESPIRATORY/OBI)(L)(FIBROSIS/OBI OR SARCOIDOSIS/OBI)
L34 6 SEA ABB=ON SLEEP DISORDERS/CT(L)RESPIRATORY/OBI
L35 943 SEA ABB=ON SLEEP/OBI(L)APNEA/OBI
L36 1691 SEA ABB=ON SARCOIDOSIS/CT
L37 39125 SEA ABB=ON DRUG INTERACTIONS+OLD,NT/CT
L38 4450 SEA ABB=ON DRUG DELIVERY SYSTEMS+OLD/CT(L)COMB?/OBI

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L39       16989 SEA ABB=ON  COMBINATION CHEMOTHERAPY/CT
L40        5480 SEA ABB=ON  COMB?/OBI(L)PHARMAC?/OBI
L41           6 SEA ABB=ON  (L12 OR L19) AND (L13 OR L18) AND (L21 OR L22 OR
                L23 OR L24 OR L25 OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32 OR L33 OR L34 OR L35 OR L36) AND (L37 OR L38 OR L39 OR
                L40)
L42         552 SEA ABB=ON  (L12 OR L19)(L)(COMB?/OBI OR COADMIN?/OBI OR
                CODRUG#/OBI OR CONCOMITANT?/OBI OR CONCURRENT?/OBI OR BLEND?/OB
                I OR MIXTURE#/OBI)
L43          82 SEA ABB=ON  (L13 OR L18)(L)(COMB?/OBI OR COADMIN?/OBI OR
                CODRUG#/OBI OR CONCOMITANT?/OBI OR CONCURRENT?/OBI OR BLEND?/OB
                I OR MIXTURE#/OBI)
L44           3 SEA ABB=ON  L42 AND L43 AND (L21 OR L22 OR L23 OR L24 OR L25
                OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32 OR L33 OR L34
                OR L35 OR L36)
L45           5 SEA ABB=ON  ((L42 AND L43) OR ( (L12 OR L19) AND (L13 OR L18)
                AND (L37 OR L38 OR L39 OR L40))) AND (L2 OR L3)

     FILE 'EMBASE' ENTERED AT 10:09:18 ON 14 DEC 2006
L46          83 SEA ABB=ON  PACE G?/AU
L47        8120 SEA ABB=ON  SMITH M?/AU
L48       53452 SEA ABB=ON  MORPHINE/CT
                E FENTANYL/CT
                E E3+ALL
L49       26736 SEA ABB=ON  FENTANYL/CT OR FENTANYL CITRATE/CT
                E SUFENTANIL/CT
L50        4395 SEA ABB=ON  SUFENTANIL/CT OR SUFENTANIL CITRATE/CT
                E ALFENTANIL/CT
                E E5+ALL
L51        4482 SEA ABB=ON  ALFENTANIL/CT
                E OXYMORPHONE/CT
L52         805 SEA ABB=ON  OXYMORPHONE/CT
                E HYDROMORPHONE/CT
L53        2957 SEA ABB=ON  HYDROMORPHONE/CT
                E OXYCODONE/CT
L54        3754 SEA ABB=ON  OXYCODONE/CT
                E ASTHMA+ALL/CT
L55       84233 SEA ABB=ON  ASTHMA+NT/CT
                E BRONCHIECTASIS+ALL/CT
L56        4535 SEA ABB=ON  BRONCHIECTASIS+NT/CT
                E PULMONARY TUBER/CT
                E E4+ALL
                E E2+ALL
L57       15140 SEA ABB=ON  LUNG TUBERCULOSIS/CT
                E COPD/CT
                E E3+ALL
                E E2+ALL
L58       26377 SEA ABB=ON  CHRONIC OBSTRUCTIVE LUNG DISEASE/CT
                E BRONCHITIS+ALL/CT
L59       22047 SEA ABB=ON  BRONCHITIS+NT/CT
                E BRONCHOPNEUMONIA+ALL/CT
L60        2275 SEA ABB=ON  BRONCHOPNEUMONIA/CT
                E LARYNGITIS+ALL/CT
L61        2500 SEA ABB=ON  LARYNGITIS+NT/CT
                E SINUSITIS+ALL/CT
L62       12991 SEA ABB=ON  SINUSITIS+NT/CT
                E EMPHYSEMA+ALL/CT
L63       13249 SEA ABB=ON  EMPHYSEMA+NT/CT
                E FIBROSING ALV/CT
                E E4+ALL
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L64        2738 SEA ABB=ON  FIBROSING ALVEOLITIS/CT
                E PULMONARY FIBROSIS/CT
                E E3+ALL
                E E2+ALL
L65       19527 SEA ABB=ON  LUNG FIBROSIS+NT/CT
                E SARCOID/CT
                E SARCOIDOSIS/CT
                E E3+ALL
L66       11397 SEA ABB=ON  SARCOIDOSIS/CT
                E LUNG CANCER/CT
L67       91685 SEA ABB=ON  LUNG CANCER+NT/CT
                E SLEEP APNEA+ALL/CT
                E E2+ALL
L68       11977 SEA ABB=ON  SLEEP APNEA SYNDROME/CT
L69          20 SEA ABB=ON  (L46 AND L47) OR ((L46 OR L47) AND (L48 OR L49 OR
                L50 OR L51 OR L52 OR L53) AND L54)
L70           0 SEA ABB=ON  (L46 AND L47)
L71       10397 SEA ABB=ON  (L47 OR L48 OR L49 OR L50 OR L51 OR L52 OR
                L53)(L)(CB OR IT)/CT
L72         493 SEA ABB=ON  L54(L)(CB OR IT)/CT
L73           5 SEA ABB=ON  L71 AND L72 AND (L46 OR L47)
L74           5 SEA ABB=ON  (L46 AND L47) OR (L71 AND L72 AND (L46 OR L47))
                D TRIAL 1-5
L75       38068 SEA ABB=ON  DRUG POTENTIATION/CT
L76        1228 SEA ABB=ON  MU OPIATE RECEPTOR AGONIST/CT
L77         949 SEA ABB=ON  KAPPA OPIATE RECEPTOR AGONIST/CT
L78         208 SEA ABB=ON  L76(L)(CB OR IT)/CT
L79         149 SEA ABB=ON  L77(L)(CB OR IT)/CT
L80       10397 SEA ABB=ON  (L48 OR L49 OR L50 OR L51 OR L52 OR L53)(L)(CB OR
                IT)/CT
L81           5 SEA ABB=ON  (L46 AND L47) OR (L80 AND L72 AND (L46 OR L47))
L82           0 SEA ABB=ON  (L48 OR L49 OR L50 OR L51 OR L52 OR L53 OR L76)
                AND (L77 OR L54) AND L75 AND (L55 OR L56 OR L57 OR L58 OR L59
                OR L60 OR L61 OR L62 OR L63 OR L64 OR L65 OR L66 OR L67 OR
                L68)
L83         820 SEA ABB=ON  (L72 OR L79) OR (L80 OR L78) AND (L55 OR L56 OR
                L57 OR L58 OR L59 OR L60 OR L61 OR L62 OR L63 OR L64 OR L65 OR
                L66 OR L67 OR L68)
L84           2 SEA ABB=ON  (L72 OR L79) AND (L80 OR L78) AND (L55 OR L56 OR
                L57 OR L58 OR L59 OR L60 OR L61 OR L62 OR L63 OR L64 OR L65 OR
                L66 OR L67 OR L68)
                D TRIAL 1-2

     FILE 'DRUGU' ENTERED AT 10:26:08 ON 14 DEC 2006
L85           2 SEA ABB=ON  PACE G?/AU
L86        1100 SEA ABB=ON  SMITH M?/AU
                D TRIAL L85 1-2
L87        9457 SEA ABB=ON  (L5 OR L6 OR L7 OR L8 OR L9 OR L10)
L88         269 SEA ABB=ON  L11
                E MORPHINE/CT
L89       19705 SEA ABB=ON  MORPHINE/CT
                E FENTANYL/CT
L90       11240 SEA ABB=ON  FENTANYL/CT
                E SUFENTANIL/CT
L91        2280 SEA ABB=ON  SUFENTANIL/CT
                E ALFENTANIL/CT
L92        2680 SEA ABB=ON  ALFENTANIL/CT
                E OXYMORPHONE/CT
L93         252 SEA ABB=ON  OXYMORPHONE/CT
                E HYDROMORPHONE/CT
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L94         866 SEA ABB=ON  HYDROMORPHONE/CT
                E OXYCODONE/CT
L95         986 SEA ABB=ON  OXYCODONE/CT
                E OPIOID AGONIST/CT
L96           9 SEA ABB=ON  (L85 AND L86) OR ((L85 OR L86) AND (L87 OR L89 OR
                L90 OR L91 OR L92 OR L93 OR L94) AND (L88 OR L95))
L97      125676 SEA ABB=ON  COMB./CT
L98       43301 SEA ABB=ON  DRUG INTERACTIONS/CC
L99          88 SEA ABB=ON  ((L97 OR L98) AND (L87 OR L89 OR L90 OR L91 OR L92
                OR L93 OR L94) AND (L88 OR L95))
L100      31287 SEA ABB=ON  ASTHMA OR BRONCHIECTASIS OR BRONCHI?(2A)DILATATION
                OR KARTAGENER OR TUBERCULOSIS
L101       3808 SEA ABB=ON  COPD OR CHRONIC OBSTRUCTIVE(W)(LUNG OR PULMONARY
                OR RESPIRATORY)
L102      24212 SEA ABB=ON  BRONCHITIS OR BRONCHOPNEUMONIA OR PNEUMONIA OR
                LARYNGITIS OR SINUSITIS OR EMPHYSEMA
L103       1971 SEA ABB=ON  FIBROSING ALVEOLITIS OR FIBROSIS(A)(LUNG OR
                PULMONARY OR RESPIRATORY)
L104        951 SEA ABB=ON  SARCOIDOSIS
L105      17785 SEA ABB=ON  (LUNG OR PULMONARY OR RESPIRATORY)(2A)(CANCER# OR
                NEOPLAS? OR CARCINOMA#)
L106        433 SEA ABB=ON  SLEEP APNEA
L107          4 SEA ABB=ON  ((L97 OR L98) AND (L87 OR L89 OR L90 OR L91 OR L92
                OR L93 OR L94) AND (L88 OR L95)) AND (L100 OR L101 OR L102 OR
                L103 OR L104 OR L105 OR L106)
                D TRIAL 1-4

     FILE 'STNGUIDE' ENTERED AT 10:34:45 ON 14 DEC 2006

     FILE 'WPIX' ENTERED AT 10:36:41 ON 14 DEC 2006
L108         79 SEA ABB=ON  PACE G?/AU
L109       2413 SEA ABB=ON  SMITH M?/AU
L110          1 SEA ABB=ON  L108 AND L109
                D TRIAL

     FILE 'STNGUIDE' ENTERED AT 10:37:23 ON 14 DEC 2006

     FILE 'WPIX' ENTERED AT 10:38:56 ON 14 DEC 2006
                E B04-A04+ALL/MC
                E B07-H+ALL/MC
                E B12-M10A+ALL/MC
                E B12-M10C+ALL/MC
                E B14-C01+ALL/MC
                E B14-H01+ALL/MC
                E B14-H01N+ALL/MC
                E B14-J02+ALL/MC
                E B14-K01+ALL/MC
                E B14-L01+ALL/MC
                E B14-S09+ALL/MC

     FILE 'STNGUIDE' ENTERED AT 10:39:14 ON 14 DEC 2006

     FILE 'WPIX' ENTERED AT 10:41:48 ON 14 DEC 2006
L111       3147 SEA ABB=ON  MORPHINE/BI,ABEX OR FENTANYL/BI,ABEX OR ALFENTANIL/
                BI,ABEX OR SUFENTANIL/BI,ABEX OR OXYMORPHONE/BI,ABEX OR
                MRZ2593/BI,ABEX OR MRZ 2593/BI,ABEX OR HYDROMORPHONE/BI,ABEX
                E OXYCODONE/CN
L112          4 SEA ABB=ON  OXYCODONE?/CN
L113        431 SEA ABB=ON  L112/DCR
                SEL L112 SDRN,SDCH,DCSE
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L114          4 SEA ABB=ON  (RABA00/SDCN OR RACDH7/SDCN OR RA0FC0/SDCN OR
                R06854/SDCN OR R16303/SDCN OR 103043-1-0-0/DCSE OR 103043-1-1-0
                /DCSE OR 103043-1-2-0/DCSE OR 758270-1-0-0/DCSE)
L115        435 SEA ABB=ON  L114 OR L113
L116        513 SEA ABB=ON  OXYCODONE/BI,ABEX
L117        198 SEA ABB=ON  MU OPIOID#/BI,ABEX
L118        186 SEA ABB=ON  KAPPA/BI,ABEX(1W) OPIOID#/BI,ABEX
L119      12146 SEA ABB=ON  B14-L01/MC OR C14-L01/MC
L120        100 SEA ABB=ON  L117(2A)AGONIST#/BI,ABEX OR (L117 AND L119)
L121        102 SEA ABB=ON  L118(2A)AGONIST#/BI,ABEX OR (L118 AND L119)
L122     486502 SEA ABB=ON  (M782 OR P862)/MO,M1,M2,M3,M4,M5,M6 OR A61K045/IPC
                OR (B12-C09 OR C12-C09 OR B14-S09 OR C14-S09)/MC
L123          4 SEA ABB=ON  (L108 OR L109) AND (L111 OR L120) AND (L115 OR
                L116 OR L121) AND L122
L124      28604 SEA ABB=ON  ASTHMA/BI,ABEX OR BRONCHIECTASIS/BI,ABEX OR
                BRONCHI?/BI,ABEX(2A)DILATATION/BI,ABEX OR KARTAGENER/BI,ABEX
                OR TUBERCULOSIS/BI,ABEX
L125       5007 SEA ABB=ON  COPD/BI,ABEX OR CHRONIC OBSTRUCTIVE/BI,ABEX(W)(LUNG
                /BI,ABEX OR PULMONARY/BI,ABEX OR RESPIRATORY/BI,ABEX)
L126      11360 SEA ABB=ON  BRONCHITIS/BI,ABEX OR BRONCHOPNEUMONIA/BI,ABEX OR
                PNEUMONIA/BI,ABEX OR LARYNGITIS/BI,ABEX OR SINUSITIS/BI,ABEX
                OR EMPHYSEMA/BI,ABEX
L127       2462 SEA ABB=ON  FIBROSING ALVEOLITIS/BI,ABEX OR FIBROSIS/BI,ABEX(A)
                (LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR RESPIRATORY/BI,ABEX)
L128       3624 SEA ABB=ON  SARCOIDOSIS/BI,ABEX OR SLEEP APNEA#/BI,ABEX
L129       8806 SEA ABB=ON  (LUNG/BI,ABEX OR PULMONARY/BI,ABEX OR RESPIRATORY/B
                I,ABEX)(2A)(CANCER#/BI,ABEX OR NEOPLAS?/BI,ABEX OR CARCINOMA#/B
                I,ABEX)
L130         26 SEA ABB=ON  (L111 OR L120) AND (L115 OR L116 OR L121) AND L122
                AND (L124 OR L125 OR L126 OR L127 OR L128 OR L129)
L131         25 SEA ABB=ON  L130 NOT (L110 OR L123)
                D TRIAL 1-8
L132         20 SEA ABB=ON  SUBANALGES?/BI,ABEX OR SUB ANALGES?/BI,ABEX
L133          1 SEA ABB=ON  L132 AND L130
                D TRIAL
                D KWIC L131 6-10
                D KWIC L131 11-13

     FILE 'WPIX' ENTERED AT 10:55:27 ON 14 DEC 2006
                D KWIC L131 11-13

     FILE 'WPIX' ENTERED AT 10:56:51 ON 14 DEC 2006
L134          1 SEA ABB=ON  L120 AND L121 AND L122 AND (L124 OR L125 OR L126
                OR L127 OR L128 OR L129)
L135         20 SEA ABB=ON  L115 AND L111 AND L122 AND (L124 OR L125 OR L126
                OR L127 OR L128 OR L129)
                D KWIC L133
L136        299 SEA ABB=ON  ((L111 OR L117))(5A)((L116 OR L121))(5A)(COMB?/BI,A
                BEX OR CODRUG?/BI,ABEX OR COADMIN?/BI,ABEX OR CONCOMITANT?/BI,A
                BEX OR CONCURRENT?/BI,ABEX OR BLEND?/BI,ABEX OR MIX?/BI,ABEX)
L137         18 SEA ABB=ON  L136 AND L122 AND (L124 OR L125 OR L126 OR L127 OR
                L128 OR L129)
                D QUE
L138         84 SEA ABB=ON  L118(2A)AGONIST#/BI,ABEX
L139         61 SEA ABB=ON  L117(2A)AGONIST#/BI,ABEX
L140        384 SEA ABB=ON  ((L111 OR L139))(5A)((L116 OR L138))
L141         10 SEA ABB=ON  L140(5A)(COMB?/BI,ABEX OR CODRUG?/BI,ABEX OR
                COADMIN?/BI,ABEX OR CONCOMITANT?/BI,ABEX OR CONCURRENT?/BI,ABEX
                OR BLEND?/BI,ABEX OR MIX?/BI,ABEX)
L142          2 SEA ABB=ON  L141 AND (L124 OR L125 OR L126 OR L127 OR L128 OR
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                L129)
L143           25 SEA ABB=ON  L140 AND L122 AND (L124 OR L125 OR L126 OR L127 OR
                L128 OR L129)

     FILE 'MEDLINE' ENTERED AT 11:04:27 ON 14 DEC 2006
                D SAVED
                ACT ARN458MEDAU/A
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L144(          94)SEA FILE=MEDLINE ABB=ON  PACE G?/AU
L145(       10732)SEA FILE=MEDLINE ABB=ON  SMITH M?/AU
L146(           0)SEA FILE=MEDLINE ABB=ON  L144 AND L145
L147(       28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L148(       10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L149(         294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L150(         704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L151(         540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L152(      124991)SEA FILE=MEDLINE ABB=ON  LUNG DISEASES, OBSTRUCTIVE+NT/CT
L153(        5936)SEA FILE=MEDLINE ABB=ON  BRONCHIECTASIS+NT/CT
L154(       57086)SEA FILE=MEDLINE ABB=ON  TUBERCULOSIS, PULMONARY+NT/CT
L155(        3460)SEA FILE=MEDLINE ABB=ON  BRONCHOPNEUMONIA/CT
L156(        3610)SEA FILE=MEDLINE ABB=ON  LARYNGITIS+NT/CT
L157(       11628)SEA FILE=MEDLINE ABB=ON  SINUSITIS+NT/CT
L158(       13172)SEA FILE=MEDLINE ABB=ON  PULMONARY FIBROSIS/CT
L159(        1561)SEA FILE=MEDLINE ABB=ON  SARCOIDOSIS, PULMONARY/CT
L160(      113814)SEA FILE=MEDLINE ABB=ON  LUNG NEOPLASMS+NT/CT
L161(       12706)SEA FILE=MEDLINE ABB=ON  SLEEP APNEA SYNDROMES+NT/CT
L162(           0)SEA FILE=MEDLINE ABB=ON  (L144 OR L145) AND (L147 OR L148 OR L1
L163           0 SEA ABB=ON  L146 OR L162
                ---------
                ACT ARN458MED1/A
                ---------
L164(       28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L165(       10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L166(         294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L167(         704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L168(         540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L169(      124991)SEA FILE=MEDLINE ABB=ON  LUNG DISEASES, OBSTRUCTIVE+NT/CT
L170(        5936)SEA FILE=MEDLINE ABB=ON  BRONCHIECTASIS+NT/CT
L171(       57086)SEA FILE=MEDLINE ABB=ON  TUBERCULOSIS, PULMONARY+NT/CT
L172(        3460)SEA FILE=MEDLINE ABB=ON  BRONCHOPNEUMONIA/CT
L173(        3610)SEA FILE=MEDLINE ABB=ON  LARYNGITIS+NT/CT
L174(       11628)SEA FILE=MEDLINE ABB=ON  SINUSITIS+NT/CT
L175(       13172)SEA FILE=MEDLINE ABB=ON  PULMONARY FIBROSIS/CT
L176(        1561)SEA FILE=MEDLINE ABB=ON  SARCOIDOSIS, PULMONARY/CT
L177(      113814)SEA FILE=MEDLINE ABB=ON  LUNG NEOPLASMS+NT/CT
L178(       12706)SEA FILE=MEDLINE ABB=ON  SLEEP APNEA SYNDROMES+NT/CT
L179           1 SEA ABB=ON  (L164 OR L165 OR L166 OR L167) AND L168 AND (L169
                OR L170 OR L171 OR L172 OR L173 OR L174 OR L175 OR L176 OR
                L177 OR L178)
                ---------
                ACT ARN458MED2/A
                ---------
L180(       28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L181(       10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L182(         294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L183(         704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L184(         540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L185(      108974)SEA FILE=MEDLINE ABB=ON  DRUG INTERACTIONS+NT/CT
L186(       42787)SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L187(       97253)SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
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L188(          15)SEA FILE=MEDLINE ABB=ON  (L180 OR L181 OR L182 OR L183) AND L18
L189           3 SEA ABB=ON  L188 AND SYNERG?
                ---------
                ACT ARN458MED3/A
                ---------
L190(      108974)SEA FILE=MEDLINE ABB=ON  DRUG INTERACTIONS+NT/CT
L191(       42787)SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L192(       97253)SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
L193(        1136)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, MU/CT(L)AG/CT
L194(         881)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, KAPPA/CT(L)AG/CT
L195(          23)SEA FILE=MEDLINE ABB=ON  L193 AND L194 AND (L190 OR L191 OR L19
L196(      240557)SEA FILE=MEDLINE ABB=ON  DOSE-RESPONSE RELATIONSHIP, DRUG/CT
L197           1 SEA ABB=ON  L195 AND L196 AND CONDITIONING, OPERANT/CT
                ---------
                ACT ARN485MED4/A
                ---------
L198(       28104)SEA FILE=MEDLINE ABB=ON  MORPHINE/CT
L199(       10382)SEA FILE=MEDLINE ABB=ON  FENTANYL+NT/CT
L200(         294)SEA FILE=MEDLINE ABB=ON  OXYMORPHONE/CT
L201(         704)SEA FILE=MEDLINE ABB=ON  HYDROMORPHONE/CT
L202(         540)SEA FILE=MEDLINE ABB=ON  OXYCODONE/CT
L203(        1136)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, MU/CT(L)AG/CT
L204(         881)SEA FILE=MEDLINE ABB=ON  RECEPTORS, OPIOID, KAPPA/CT(L)AG/CT
L205(         488)SEA FILE=MEDLINE ABB=ON  (L198 OR L199 OR L200 OR L201 OR L203)
L206(        8267)SEA FILE=MEDLINE ABB=ON  COUGH/CT
L207           1 SEA ABB=ON  L205 AND L206
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     FILE 'STNGUIDE' ENTERED AT 11:05:43 ON 14 DEC 2006

     FILE 'CAPLUS' ENTERED AT 11:06:43 ON 14 DEC 2006
                D QUE L1
                D QUE L45
L208           5 SEA ABB=ON  (L1 OR L45)

     FILE 'EMBASE' ENTERED AT 11:06:46 ON 14 DEC 2006
                D QUE L81

     FILE 'DRUGU' ENTERED AT 11:06:47 ON 14 DEC 2006
                D QUE L96

     FILE 'WPIX' ENTERED AT 11:06:48 ON 14 DEC 2006
                D QUE L110
                D QUE L123

     FILE 'MEDLINE' ENTERED AT 11:06:50 ON 14 DEC 2006
                D QUE L163

     FILE 'DRUGU, CAPLUS, EMBASE' ENTERED AT 11:07:12 ON 14 DEC 2006
L209           15 DUP REM L96 L208 L81 (4 DUPLICATES REMOVED)
                     ANSWERS '1-9' FROM FILE DRUGU
                     ANSWERS '10-13' FROM FILE CAPLUS
                     ANSWERS '14-15' FROM FILE EMBASE
                D IBIB ED ABS 1-15

     FILE 'STNGUIDE' ENTERED AT 11:07:44 ON 14 DEC 2006

     FILE 'CAPLUS' ENTERED AT 11:10:12 ON 14 DEC 2006
                D QUE L1
                D QUE L45
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L210           5 SEA ABB=ON  (L1 OR L45)

     FILE 'EMBASE' ENTERED AT 11:10:14 ON 14 DEC 2006
                D QUE L81

     FILE 'DRUGU' ENTERED AT 11:10:15 ON 14 DEC 2006
                D QUE L96

     FILE 'WPIX' ENTERED AT 11:10:16 ON 14 DEC 2006
                D QUE L110
                D QUE L123
L211           4 SEA ABB=ON  (L110 OR L123)

     FILE 'MEDLINE' ENTERED AT 11:10:19 ON 14 DEC 2006
                D QUE L163

     FILE 'DRUGU, CAPLUS, WPIX, EMBASE' ENTERED AT 11:10:37 ON 14 DEC 2006
L212           16 DUP REM L96 L210 L211 L81 (7 DUPLICATES REMOVED)
                     ANSWERS '1-9' FROM FILE DRUGU
                     ANSWERS '10-13' FROM FILE CAPLUS
                     ANSWER '14' FROM FILE WPIX
                     ANSWERS '15-16' FROM FILE EMBASE
                D IBIB ED ABS 1-16

     FILE 'STNGUIDE' ENTERED AT 11:11:03 ON 14 DEC 2006

     FILE 'CAPLUS' ENTERED AT 11:12:31 ON 14 DEC 2006
                D QUE L41
                D QUE L44
L213           5 SEA ABB=ON  (L41 OR L44) NOT L210

     FILE 'EMBASE' ENTERED AT 11:12:33 ON 14 DEC 2006
                D QUE L82
                D QUE L84
L214           2 SEA ABB=ON  L84 NOT L81

     FILE 'DRUGU' ENTERED AT 11:12:35 ON 14 DEC 2006
                D QUE L107
L215           4 SEA ABB=ON  L107 NOT L96

     FILE 'WPIX' ENTERED AT 11:12:38 ON 14 DEC 2006
                D QUE L134
                D QUE L142
L216           2 SEA ABB=ON  (L134 OR L142) NOT L211

     FILE 'MEDLINE' ENTERED AT 11:12:43 ON 14 DEC 2006
                D QUE L189
                D QUE L197
                D QUE L207
                D QUE L179
L217           6 SEA ABB=ON  (L189 OR L197 OR L207 OR L179)

     FILE 'MEDLINE, DRUGU, CAPLUS, WPIX, EMBASE' ENTERED AT 11:13:15 ON 14 DEC
     2006
L218           19 DUP REM L217 L215 L213 L216 L214 (0 DUPLICATES REMOVED)
                     ANSWERS '1-6' FROM FILE MEDLINE
                     ANSWERS '7-10' FROM FILE DRUGU
                     ANSWERS '11-15' FROM FILE CAPLUS
                     ANSWERS '16-17' FROM FILE WPIX
                     ANSWERS '18-19' FROM FILE EMBASE
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                D IALL 1-10
                D IBIB ED ABS HIT 11-15
                D IBIB ABEQ TECH HITSTR 16-17
                D IALL 18-19

     FILE 'HOME' ENTERED AT 11:13:55 ON 14 DEC 2006

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